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**2025 Sarita Verma Award for**

**Advocacy and Mentorship in Postgraduate Medicine**

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| **NOMINATION FORM** |
| Nominee Information: |
| Name of Nominee: |
| Nominee’s Address: |
| Nominee’s email address: |
| Nominee’s Phone number: |
| Nominee’s current Division/Dept/Unit within the Temerty Faculty of Medicine: |
| Names and email addresses of 2 internal references (learners/colleagues)\****no letters required from references; note that the nominator cannot be a reference\**** | Name:Email:Name: Email: |
| Nominee’s status with the Faculty, and individual or group nomination category: |
|  Faculty Member(s) |  Staff Member(s) |  Individual  |  Group |
|  |
| Nominator: |
| Name: |
| Address: |
| Email address: |
| I have contacted the Nominee who has accepted this nomination |  Yes |  No |
| I have attached my letter of support |  Yes |  No |
| Signature of Nominator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



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| **Checklist for nominators:** |
| 1. Completed Nomination Form
2. Detailed letter of support from the nominator outlining the reasons for the nomination
3. Nominee’s CV

 Nomination packages must be submitted electronically in a PDF file to arlene.mckinley@utoronto.ca **Deadline for Nominations: Friday, January 31, 2025**Questions concerning the nomination form or process may be directed to Arlene McKinley via email. **Additional award information can be found at the PGME website:** <https://pgme.utoronto.ca/sarita-verma-award> |