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# **2024 Robert Sheppard Award**

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| **NOMINATION FORM** | |
| **Nominee information** | **Nominator information** |
| Name:  Email address:  Program:  box FACULTY: This candidate is currently a faculty member at the University of Toronto  box TRAINEE: This candidate is currently registered as a postgraduate medical trainee with the PGME office at the University of Toronto | Name:  Title and affiliation:  Email address:  Relationship to nominee: |
| Documents required**:** | |
| One award package in pdf format, in the following order:   1. Completed Nomination Form (this form to be completed by the nominator) 2. A nomination letter (maximum of three pages with a word limit of 750 words) addressed to the Associate Dean, Postgraduate Medical Education 3. An up-to-date curriculum vitae of the candidate 4. Two reference letters supporting the nomination   The deadline for e-submission of completed packages to [arlene.mckinley@utoronto.ca](mailto:arlene.mckinley@utoronto.ca) is  **Friday, January 12, 2024.** | |
| Name and email addresses of reference letter writers: | |
| 1. Name: | Email address: |
| 1. Name: | Email address: |
| Signature of Nominator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Department Chair (Faculty) or Program Director (trainee)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ | |

If you have any questions, please contact Arlene McKinley at [arlene.mckinley@utoronto.ca](mailto:arlene.mckinley@utoronto.ca)