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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 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