

**NOMINATION FORM**  
***OUTSTANDING RESIDENT AWARD 2022***

<b>Nominator Information:</b>							
<b>Department:</b>							
<b>Chief:</b>	<b>Email:</b>						
<b>Chair:</b>	<b>Email:</b>						
<b>Program Director:</b>	<b>Email:</b>						
<b>Nominee Information:</b>							
<b>Name:</b>	<b>Telephone:</b>						
<b>Year (Indicate PGY1 - 6):</b>	<b>Email:</b>						
<b>OUTSTANDING RESIDENT AWARD CRITERIA</b>							
<p><b>SELECTION PROCESS:</b> The selection process for each department is based on a <b><i>collaboration of the Department Chief, Chair and Program Director</i></b>. Based on this collaboration, we ask that you meet to review and discuss which candidate you will put forward for the award this year.</p> <p>Below are the guidelines for submission:</p> <ol style="list-style-type: none"> <li>Each of the following 12 departments will choose <b><u>ONE</u></b> Outstanding Resident award recipient (PGY1 – 6):</li> </ol> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;"></th> <th style="text-align: left; padding: 5px;"><b>Department</b></th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;"><b>1</b></td> <td style="padding: 5px;">Anesthesia</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><b>2</b></td> <td style="padding: 5px;">Diagnostic Imaging</td> </tr> </tbody> </table>			<b>Department</b>	<b>1</b>	Anesthesia	<b>2</b>	Diagnostic Imaging
	<b>Department</b>						
<b>1</b>	Anesthesia						
<b>2</b>	Diagnostic Imaging						

3	Emergency Medicine
4	Family Medicine
5	Lab Medicine
6	Medicine
7	Obstetrics/Gynecology
8	Oncology
9	Pediatrics
10	Physical Medicine and Rehabilitation
11	Psychiatry (city wide)
12	Surgery

2. **The criteria are established by each department.**
3. There is no separation into Junior or Senior categories.
4. Submit a brief **nomination letter** along with this **nomination form** to [msa@hhsc.ca](mailto:msa@hhsc.ca)
5. The DEADLINE for submissions is **May 13th, 2022**
6. To view list of previous winners, please visit our [website](#) and click to view [previous list](#)

## CALL FOR NOMINATIONS

**Why you think this person should be nominated:** When writing your nomination please include all relevant details.

- a) **Describe why you think this person should be nominated, including examples (Max. of 250 words).** Examples could include how the nominee has demonstrated excellence in your department (based on the criteria established by the department):

**b) Anything else?** You can write any additional information here

**Do you grant permission for your nomination letter to be released to PR following award notification of the recipient:**

**Yes**  **No**

**Date Completed:**

IMPORTANT NOTES:

- Consent for media release will be sought from the award recipient if they are selected to receive the award.
- Upon closing of the nomination period, the recipient will be notified of the nomination and by whom they were nominated.
- If you have questions or are having trouble completing the application form, please contact Ewelina Grisafi at [msa@hhsc.ca](mailto:msa@hhsc.ca)

**All nominations must be submitted by email or fax and include this nomination form.** Nomination form and nomination letter can be sent to: [msa@hhsc.ca](mailto:msa@hhsc.ca). In the subject line, please state ***OUTSTANDING RESIDENT AWARD 2022, (incl Dept)***

**HHS Medical Staff Association**

- Fax: 905-577-1479
- Email: [MSA@hhsc.ca](mailto:MSA@hhsc.ca)

**FINAL SUBMISSION DEADLINE: May 13th, 2022**

**If you have questions, please contact:**

Ewelina Grisafi  
905-521-2100 ext 46770  
[msa@hhsc.ca](mailto:msa@hhsc.ca)