Hamilton Health Sciences

MEDICAL STAFF ASSOCIATION

'Our Patients Come First'

NOMINATION FORM

The Dr. Clive Davis Award – Hamilton General Hospital

Nominator Information:	
Name:	**Department:**
Role:	**Email:**
Nominee Information:	
Name:	**Department:**
Role:	**Email:**

CONSULTANTS AWARDS CRITERIA

Please nominate a colleague at **HGH** for the MSA consultant's award. The ideal candidate should have been in practice about 10 or more years—mid career (This is not a lifetime achievement award for someone who is pre-retirement).

Think about a colleague with the following characteristics:

1) Above average clinician – very good diagnostic skills and able to handle difficult cases.
2) Patients' advocate –goes above and beyond for the Patient
3) Above average at the art and the science of medicine – can use evidence and apply it well to individual patients.
4) Collegial – trustworthy, reliable, always willing to help
5) Teaches you something – when you consult or collaborate, you learn something from this individual
6) Leads or participates in hospital initiatives to improve patient care.

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 the above six listed characteristic.

b) **Tell us how you know this person.**

c) 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 ☐**

E-signature of the Nominator:	**Date Completed:**

IMPORTANT NOTES:

It is important that your nomination form address the established criteria and why you feel your nominee meets this criteria. Nominations will not be considered if the nomination form does not include this information.

•Nominations can only be assessed based on the information provided. The more detail provided in the description of achievements, the better a nominee's chances of winning an award.

•Nominators are welcome to include a picture of the nominee with their submission which may be used as part of the recognition. Consent will be sought from the nominee if they are selected to receive the award.

•Upon closing of the nomination period, nominees 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 msa@hhsc.ca

All nominations must be submitted by email or fax and include this nomination form. Nomination form and supporting documents (if required) can be sent to: msa@hhsc.ca. In the subject line, please state **The Dr. Clive Davis Award – HGH.**

HHS Medical Staff Association

- **Fax: 905-577-1479**
- **Email: MSA@hhsc.ca**

FINAL SUBMISSION DEADLINE: March 10, 2023

If you have questions, please contact:
905-521-2100 ext 46770
msa@hhsc.ca