

NOMINATION FORM
The Family Medicine Award

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

FAMILY MEDICINE AWARD CRITERIA

Do you know a **family physician** who exemplifies excellence in care and who strengthens the relationship between community practice and the hospital?

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 listed characteristics.

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

c) Anything else? You can write any additional information here	
<p>Do you grant permission for your nomination letter to be released to PR following award notification of the recipient:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
E-signature of the Nominator:	Date Completed:
<p>IMPORTANT NOTES:</p> <p>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.</p> <ul style="list-style-type: none"> •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 Family Medicine Award***

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