**Departmental Awards Nomination Form**

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| Award Name: |  |
| Award Category (i.e. Fully affiliated, HPEs Community Affiliated) |  |
| Award Nominee: |  |
| Nominee’s Business Address: |  |
| Nominee’s E-mail: |  |
| Nominator’s Name: |  |
| Signature of Chief, Program Director or Supervisor: |  |
| Description of the project or award winner that will be included as a quote at the annual DFCM Faculty Celebration Event  **(maximum 75 words):** | |
|  | |
| Nomination Details:   * Nominations can be made by any faculty or staff member of the DFCM, including self-nomination. * The nominations will be considered by the DFCM Central Awards Committee. * The nominator is responsible for the collection and submission of the award nomination package and informing the nominee of their nomination. | |

**SUBMISSION INSTRUCTIONS:**

**Please submit the completed nomination form and corresponding award application documentation in a single PDF file by February 15, 2019 to** [**dfcm.awards@utoronto.ca**](mailto:dfcm.awards@utoronto.ca) **:**

DFCM Central Awards Committee

c/o: Laura Surdianu, Faculty Development

Department of Family and Community Medicine, Faculty of Medicine,

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