

WELL-BEING AWARD NOMINATION FORM

The purpose of this award is to recognize a staff physician who is an advocate for resident physicians and who has demonstrated a strong interest in resident physician well-being. This individual must have established their strength in this area at multiple levels of postgraduate medical training (i.e. within the residency program, during clinical teaching, at postgraduate medical education meetings and at meetings of local or national organizations such as the Alberta Medical Association and the Royal College of Physicians and Surgeons). An award will be given annually to a staff physician associated with the University of Alberta, the University of Calgary and a rural site.

	Award Categor	ies (please o	heck approp	oriate category):	
	PARA Clinical Teaching Award: I	Edmonton			
	PARA Clinical Teaching Award: C	Calgary			
	PARA Clinical Teaching Award: R	tural			
	NOMINEE	– individua	l you wish to	nominate:	
Name				Position	
Email				University	
Date					

Why do you believe this individual should receive this award? If you require additional space for your comments, please attach them to this form.

a)	Resident physician wel	ll-being within the residency program:	
b)	Resident physician wel	ll-being during clinical teaching:	
c)	Resident physician wel AMA, CMA, RCPSC, CFI	ll-being during meetings at either the lo PC, etc.):	ocal or national level (i.e. PGME
d)	Advocating for quality	and diversity of life outside of the resid	ency program:
		NOMINATORS	
member Nomin a Nominat	A members may nominate, we so that the residence of the resident physical or so must be a resident physical or so that the residence of the re	vith the exception of PARA Executive Bard and Nent physicians.	Iomination & Awards Committee (NAG
Nominat Nome Name Co-Nor	s. Nominators must be reside ated By:	vith the exception of PARA Executive Bard and Nent physicians. cian. Department & Phone mandatory)	
Nominat Nominat Name Co-Nor Nominat 1	ated By: cors must be a resident physic minators (completion is cors must be a resident physic	vith the exception of PARA Executive Bard and Nent physicians. cian. Department & Phone mandatory)	
Nominat Nominat Name Co-Nor Nominat 1	ated By: cors must be a resident physic minators (completion is cors must be a resident physic	vith the exception of PARA Executive Bard and Nent physicians. Cian. Department & Phone mandatory) cian.	Email
Nominat Nominat Name Co-Nor Nominat 1 Nar Additio	ated By: cors must be a resident physic minators (completion is cors must be a resident physic minators (completion is cors must be a resident physic me	vith the exception of PARA Executive Bard and Nent physicians. Cian. Department & Phone mandatory) cian.	Email

Has this nomination been discussed by the resident physicians in your program? YES NO
Please email completed forms to emma.frieser@para-ab.ca or mail to:
PARA
#320, 11044-82 Avenue
Edmonton, AB
T6G 0T2
The postmark deadline for nominations is March 31.