



# PARA

Professional Association of  
Resident Physicians of Alberta

## Resident Physician Leadership Award Nomination Form

Deadline for nominations: December 15

### Nominee:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Program & PGY)

\_\_\_\_\_  
(University)

\_\_\_\_\_  
(Email)

### Nominator:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Email)

### Co-Nominator (completion is mandatory)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Email)

Please describe below the reasons why the nominee should be considered for this award:

Submit by email to: Ravneet Sekhon at [ravneet.saran@para-ab.ca](mailto:ravneet.saran@para-ab.ca) by December 15