



## CLINICAL TEACHING AWARD NOMINATION FORM

---

Award Categories: (please check the appropriate category)

PARA Clinical Teaching Award: Edmonton \_\_\_\_\_

PARA Clinical Teaching Award: Calgary \_\_\_\_\_

PARA Clinical Teaching Award: Rural \_\_\_\_\_

---

***NOMINEE - Individual You Wish to Nominate:***

All PARA members are eligible with the exception of PARA Executive Board and Nomination & Awards Committee (NAC) members.

\_\_\_\_\_  
(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) Quality of Care:

---

---

---

---

b) Quality of clinical teaching:

---

---

---

---

c) Interest in resident physician personal development and well-being:

---

---

---

---

d) Commitment to the education process:

---

---

---

---

e) Philosophy of education:

---

---

---

---

---

### ***NOMINATORS***

Any PARA members may nominate with the exception of PARA Executive Board and Nomination & Awards Committee (NAC) members. Nominators must be resident physicians.

#### **Nominated By:**

Nominators must be resident physicians only

\_\_\_\_\_  
(Name) must be a resident physician      (Dept. & Phone)      (Email)

Co-Nominators: (completion is mandatory)

1. \_\_\_\_\_  
(Name) must be a resident physician      (Dept. & Phone)      (Email)

Additional Comments:

---

---

---

2. \_\_\_\_\_  
(Name) must be a resident physician      (Dept. & Phone)      (Email)

Additional Comments:

---

---

---

~~~~~  
Has this nomination been discussed by the resident physicians in your program? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please email completed forms to [emma.frieser@para-ab.ca](mailto: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.**