



PARA
Professional Association of
Resident Physicians of Alberta

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 _____

Individual 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) 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:

Nominated By:

(Name) (Dept. & Phone) (Email)

Co-Nominators: (completion is mandatory)

1. _____
(Name) (Dept. & Phone) (Email)

Additional Comments:

2. _____
(Name) (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.