



**PARA**  
Professional Association of  
Resident Physicians of Alberta

## WELL-BEING AWARD NOMINATION FORM

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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.

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Award Categories (please check appropriate category):

- PARA Clinical Teaching Award: Edmonton
- PARA Clinical Teaching Award: Calgary
- PARA Clinical Teaching Award: Rural
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**NOMINEE** – individual you wish to nominate:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Email

\_\_\_\_\_  
University

\_\_\_\_\_  
Date

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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 well-being within the residency program:

b) Resident physician well-being during clinical teaching:

c) Resident physician well-being during meetings at either the local or national level (i.e. PGME, AMA, CMA, RCPSC, CFPC, etc.):

d) Advocating for quality and diversity of life outside of the residency program:

**NOMINATORS**

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

**Nominated By:**

Nominators must be a resident physician.

\_\_\_\_\_

Name

\_\_\_\_\_

Department & Phone

\_\_\_\_\_

Email

**Co-Nominators (completion is mandatory)**

Nominators must be a resident physician.

1.

\_\_\_\_\_

Name

\_\_\_\_\_

Department & Phone

\_\_\_\_\_

Email

Additional Comments:

2.

\_\_\_\_\_

Name

\_\_\_\_\_

Department & Phone

\_\_\_\_\_

Email

Additional Comments:

Has this nomination been discussed by the resident physicians in your program? YES  NO

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Please email completed forms to [ravneet.saran@para-ab.ca](mailto:ravneet.saran@para-ab.ca) or mail to:

PARA

#320, 11044-82 Avenue

Edmonton, AB

T6G 0T2

The postmark deadline for nominations is **March 31**.