

CLINICAL TEACHING AWARD NOMINATION FORM

| | Award Categorie | s (please check | appropriate category): | |
|-----------|-------------------------|------------------|------------------------|--|
| PARA Clin | ical Teaching Award: Ed | | 3 ,, | |
| | ical Teaching Award: Ca | | | |
| | - | | | |
| PARA Clin | ical Teaching Award: Ru | al 🗀 | | |
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| | NOMINEE - | individual you v | wish to nominate: | |
| Name | | | Position | |
| | | | | |
| Email | | | University | |
| D-4- | | | | |
| Date | | | | |
| | | | | |

| | Quality of clinical teaching: | | | | |
|---|--|---|---------------------------------------|--|--|
| | | | | | |
| c) | Interest in resident physician personal development and well-being: | | | | |
| d) | Commitment to the e | ducation process: | | | |
| -, | | | | | |
| e) | Philosophy of education | on: | | | |
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| DAR | · · · · · · · · · · · · · · · · · · · | NOMINATORS with the exception of PARA Executive Bard and N | · · · · · · · · · · · · · · · · · · · | | |
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| member Nomin | | with the exception of PARA Executive Bard and N ent physicians. | Jomination & Awards Committee (NA | | |
| member Nomin | s. Nominators must be residated By: | with the exception of PARA Executive Bard and N ent physicians. | Jomination & Awards Committee (NA | | |
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| 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 or mail to: |
| PARA |
| #320, 11044-82 Avenue |
| Edmonton, AB |
| T6G 0T2 |
| The postmark deadline for nominations is March 31. |