



# PARA

**Professional Association of  
Resident Physicians of Alberta**

## **Resident Physician Mentorship & Teaching Award Nomination Form**

Deadline for nominations: December 15

**Nominee:**

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

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

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

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

**Nominator:**

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

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

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

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

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



Submit by email to: Emma Frieser at [emma.frieser@para-ab.ca](mailto:emma.frieser@para-ab.ca) by December 15