LAUREATE NOMINATION FORM

To navigate through the form, use the "Next Page" button at the bottom of each page. If your browser prevents you from seeing this button, place the cursor in the last field on the page, press TAB (once), then press ENTER until you move to the next page.

Nominee's name
Nominee's contact info
Next-of-kin's contact info (for posthumous only)
Who is nominating this person?
Nomination by organization
Nomination by two individuals

NOMINEE

Title
First
Last
Suffix

Is the nominee a Canadian citizen?

Is this a posthumous nomination?

Is the nominee a medical doctor?

Does the nominee have a PhD?

Does the nominee identify as being from an historically underrepresented group?

What field best describes their achievement / contribution to health? (e.g. nursing, pharmacy, dentistry, psychology, public policy, philanthropy, microbiology etc.)

IMPORTANT NOTE: This PDF is a SAMPLE ONLY. It is not a fillable form and is intended to illustrate what the online form looks like so that you can prepare your materials accordingly. The online form can not be saved and must be completed in one sitting. The online form is found at https://www.cdnmedhall.ca/nomination-process.
LAUREATE NOMINATION FORM

If you have any questions about this form please call our office: 519–488–2003.

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<table>
<thead>
<tr>
<th>Nominee's name</th>
<th>Nominee's contact info</th>
<th>Next-of-kin's contact info (for posthumous only)</th>
<th>Who is nominating this person?</th>
<th>Nomination by organization</th>
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</tr>
</thead>
</table>

Nominee's preferred mailing:

Home address

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Nominee's preferred phone number:

Type

---select one--
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<td></td>
</tr>
</tbody>
</table>

This is a POSTHUMOUS nomination. Please provide the name of next-of-kin:

<table>
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<tr>
<th>Title</th>
<th>First</th>
<th>Last</th>
<th>Suffix</th>
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</table>

Please indicate the relationship of this person to the nominee:

Next-of-kin's preferred mailing:

Home address

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Next-of-kin's preferred phone number:

<table>
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<tr>
<th>Phone type:</th>
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--select one--
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<td>Nomination by organization</td>
<td>Nomination by two individuals</td>
<td>Categories, citation and support material</td>
</tr>
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This nomination is being made by:
- An organization
- Two individuals
**LAUREATE NOMINATION FORM**

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<td></td>
<td></td>
<td></td>
<td></td>
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**Name of organization:**

**Name and job title of primary contact who has signed the nomination letter:**

**Street Address**

**Address Line 2**

**City**

**State / Province / Region**

**Postal / Zip Code**

**Country**

**Email:**

**Phone:**

### - ### - ####
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### Nominator 1:

Title  | First  | Last  | Suffix
---|---|---|---

Email address for nominator 1:

Nominator 1’s preferred mailing:

Home address:

Street Address:

Address Line 2:

City  | State / Province / Region
---|---

Postal / Zip Code  | Country
---|---

Nominator 1’s preferred phone:

Phone type for nominator 1:

---select one---

### Nominator 2:

Title  | First  | Last  | Suffix
---|---|---|---

Email address for nominator 2:

Nominator 2’s preferred mailing:

Home address:

Street Address:

Address Line 2:

City  | State / Province / Region
---|---

Postal / Zip Code  | Country
---|---

Nominator 2’s preferred phone number:

Phone type for nominator 2:

---select one---
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Nominee's contact info  Next-of-kin's contact info (for posthumous only) Who is nominating this person? Nomination by organization Nomination by two individuals Categories, citation and support material

For which category is the nomination being made? Check all that apply:

- Leadership in building excellence in health for Canadians and the world
- Leadership in health promotion, illness prevention and care
- Leadership in research with national and international recognition for a scientific contribution

CITATION: In 250 words or less, please state the significant contribution for which you are nominating this individual. *

Maximum of 250 words. Currently Used: 0 words.

Your name: *

Your email address: *

This is the name and email address of the person completing the online form (to receive an auto reply with a copy of the submission).

Your name:  

Title First Last Suffix

NOMINATION LETTER #1 *

NOMINATION LETTER #2 (if applicable)

Browse... No file selected.

Browse... No file selected.

CURRICULUM VITAE *

ONE PAGE BIOGRAPHY *

Browse... No file selected.

Browse... No file selected.

If a CV is not available, please attach a letter
explaining why

**SUPPORT LETTER #1**
Browse... No file selected.

**SUPPORT LETTER #2** (if applicable)
Browse... No file selected.

**ADDITIONAL SUPPORT MATERIAL** (if applicable)
Browse... No file selected.

An additional file of no more than six pages may be added. Pages over the specified maximum will be deleted upon receipt. Please do not include support letters here as they will not be reviewed.