

LAUREATE NOMINATION FORM

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

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.

1

Nominee's name

2

Nominee's
contact info

3

Next-of-kin's
contact info (for
posthumous only)

4

Who is
nominating this
person?

5

Nomination by
organization

6

Nomination by
two individuals

...

NOMINEE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Title First Last Suffix

Is the nominee a Canadian citizen?

YES NO

Is the nominee a medical doctor?

YES NO

Is this a posthumous nomination?

YES NO

Does the nominee have a PhD?

YES NO

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.org/nomination-form>.

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two individuals

...

Nominee's preferred mailing:

Home address

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Nominee's email address:

Nominee's preferred phone number:

 - -

###

###

####

Type

--select one--

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...

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Title First Last Suffix

**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:

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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###

###

####

Phone type:

--select one--

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...

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contact info

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**Who is
nominating this
person?**

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Categories,
citation and
support material

This nomination is being made by:

- An organization
- Two individuals

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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

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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###

###

####

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Who is
nominating this
person?

Nomination by
organization

**Nomination by
two individuals**

Categories,
citation and
support material

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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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: *

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Title First Last Suffix

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).

NOMINATION LETTER #1 *

No file selected.

NOMINATION LETTER #2 (if applicable)

No file selected.

CURRICULUM VITAE *

No file selected.

ONE PAGE BIOGRAPHY *

No file selected.

If a CV is not available, please attach a letter

explaining why

SUPPORT LETTER #1 *

No file selected.

SUPPORT LETTER #2 (if applicable)

No file selected.

ADDITIONAL SUPPORT MATERIAL (if applicable)

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.
