



**PGME Awards for Excellence in Postgraduate Medical Education Nomination Form**

Award Type	Program Category		
<input type="checkbox"/> Outstanding Commitment to Residency Education Award	<input type="checkbox"/> Direct Entry 2-4 Year	<input type="checkbox"/> Direct Entry 5-6 Year	<input type="checkbox"/> Subspecialty 1-3 add'l Years
<input type="checkbox"/> Award for Resident Mentorship	<input type="checkbox"/> Direct Entry 2-4 Year	<input type="checkbox"/> Direct Entry 5-6 Year	<input type="checkbox"/> Subspecialty 1-3 add'l Years
<input type="checkbox"/> Award for Support in Service of Residency Education	<input type="checkbox"/> Direct Entry 2-4 Year	<input type="checkbox"/> Direct Entry 5-6 Year	<input type="checkbox"/> Subspecialty 1-3 add'l Years
<b>Nominee Information (candidate for award)</b>			
Name			
email address			
Phone number			
Current Dept/Program			
<b>Nominee's Current Status with Dept/Program: Select one below.</b>			
<input type="checkbox"/> Faculty/Clinical teacher working with Residents		<input type="checkbox"/> Program Administrator or other PGME related Support Staff with 3 + Years of Service	
<b>Nominator Information</b>			
Name			
Email address			
Phone number			
Current Dept/Program			
Nature of working relationship with Nominee			
Duration of working relationship with Nominee			
<b>Nominator's Current Status with Dept/Program: Select one below.</b>			
<input type="checkbox"/> PGME Faculty	<input type="checkbox"/> Resident or Fellow	<input type="checkbox"/> Division or Department Head	<input type="checkbox"/> Program Administrator or other PGME related Support Staff
<input type="checkbox"/> Group (please attach separate page of signatures)			
<b>Disclosure:</b> Personal Relationship with Nominee <input type="checkbox"/> Yes <input type="checkbox"/> No			
Conflict of Interest pertaining to Nomination <input type="checkbox"/> Yes <input type="checkbox"/> No			
I have attached my letter of support <input type="checkbox"/> Yes		I have attached a copy of the Nominee's CV (faculty award only) <input type="checkbox"/> Yes	
Signature of Nominator		Date	



UNIVERSITY OF  
CALGARY

CUMMING SCHOOL OF MEDICINE  
Postgraduate Medical Education

**PGME Awards for Excellence in Postgraduate Medical Education<sup>i</sup>  
Checklist for Nominators**

- Completed Nomination form
- Nominee's CV (if faculty category)
- Up to one page letter (500 words) of support from the nominator illustrating how the nominee meets the criteria

Nomination documents must be submitted electronically as .pdf files to [crystal.boisselle@ucalgary.ca](mailto:crystal.boisselle@ucalgary.ca)

**Deadline for Nominations: December 31st at midnight, of the current calendar year**

Questions about the nomination form or process may be directed to Crystal Boisselle  
[crystal.boisselle@ucalgary.ca](mailto:crystal.boisselle@ucalgary.ca) or 403 220 4880.

Additional information about the PGME Awards for Postgraduate Excellence in Medical Education can be found at the PGME website:

<https://cumming.ucalgary.ca/pgme/faculty-and-staff/awards-and-grants/awards/pgme-awards-excellence>

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<sup>i</sup> Formally named the PGME Appreciation Awards