

# 2024 Excellence Award Nomination Form

Thank you for your interest in submitting an award nomination!

Please review the following before you start to complete the form below:

- [Awards Eligibility and Excellence Award Descriptions and Criteria](#)
- This document, which includes all elements of the form below so you can gather the information in advance of submission

All award nomination forms must be submitted by Monday, November 4, 2024, at 11:59 PM.

Excellence Award Nominations require:

- A Letter of Nomination from the relevant Dean(s) emphasizing how the nominee or team meets the award criteria
  - If your nomination is for a team, the single Letter of Nomination should be on behalf of/signed by all relevant deans.
- 1-3 Letters of Support (students, faculty, other collaborators), focusing on the nominee's distinguished efforts to elevate interprofessional education and collaborative practice

Files should be in .pdf format. Use the file naming conventions in the examples below.

- Smith\_School.pdf (individual nomination)
- Team Name.pdf (team nomination)

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Q2 Who is submitting this nomination?

- I am nominating someone for an award.
  - I am submitting this nomination on behalf of someone else.
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*Display This Question: If Who is submitting this nomination? = I am submitting this nomination on behalf of someone else.*

### Q3 Submitter's Information

- First Name \_\_\_\_\_
- Last Name \_\_\_\_\_
- Phone Number \_\_\_\_\_
- Email Address \_\_\_\_\_

*Display This Question: If Who is submitting this nomination? = I am submitting this nomination on behalf of someone else.*

### Q4 Submitter's College/Unit

- Athletic Training
- Dentistry
- Medicine
- Nursing
- Nutrition
- Pharmacy
- Psychology
- Public Health
- HSC Administration
- Veterinary Medicine
- Other (Please specify) \_\_\_\_\_

Q5 Nominator's Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Q6 Nominator's School/Unit

Athletic Training

Dentistry

Medicine

Nursing

Nutrition

Pharmacy

Psychology

Public Health

Veterinary Medicine

HSC Administration

Other (Please specify) \_\_\_\_\_

Q7 Award Nominee's Information

- First Name \_\_\_\_\_
- Last Name \_\_\_\_\_
- Phone Number \_\_\_\_\_
- Email Address \_\_\_\_\_
- UIN \_\_\_\_\_

Q8 Award Nominee's School/Unit

- Athletic Training
- Dentistry
- Medicine
- Nursing
- Nutrition
- Pharmacy
- Psychology
- Public Health
- Veterinary Medicine
- HSC Administration
- Other (Please specify) \_\_\_\_\_

Q9 Select Award

- IPE Leadership Award - Individual Faculty
  - IPE Teaching Award - Individual Faculty
  - IPE Teaching Award - Faculty Team
  - IPE Research Award - Individual Faculty
  - IPE Research Award - Faculty Team
  - IPE Pillar Award - Individual Staff
  - IPE Student Leadership Award - Individual Student
  - IPE Student Leadership Award - Student Team
  - Community Partner Award for Interprofessional Excellence
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Q10 Upload Letter of Nomination from the Relevant Dean(s)

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Q11 Upload Letter of Support (Note: Only upload one Letter of Support here. You will have an opportunity to submit another Letter of Support.)

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Q12 Do you wish to upload another Letter of Support?

- Yes
  - No
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*Display This Question:*

*If Do you wish to upload another letter of support? = Yes*

Q13 Upload Letter of Support (Note: Only upload one Letter of Support here. You will have an opportunity to submit another Letter of Support.)

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*Display This Question:*

*If Upload Letter of Support (Note: only upload one letter of support here. You will have an opportun...  
Displayed*

Q14 Do you wish to upload another Letter of Support?

Yes

No

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*Display This Question:*

*If Do you wish to upload another letter of support? = Yes*

Q15 Upload Letter of Support