## The University of British Columbia Faculty of Medicine

## **2024 DISTINGUISHED ACHIEVEMENT AWARDS**

Nomination Form			
Nominee's Name:		Nominee's Email:	
Nominee's Mailing Address:			
Nominee's Current Academi	c Rank and Department/Sch	iool:	
Does the nominee have a joi ensure nomination form is si	• •	•	es, please note unit(s) and
Charle Hommadon form is si	Brica by Freda or both, an ar	1107.	
Award Category *please refer t	o the <u>Criteria and Process docume</u>	nt for categories and det	ails on the assessment year:
Eligible for Merit (Yes/No):		 	
Please include a citation that	cummarizes the nominee's	major achievements	c (limit: 100 words)
riease include a citation that	summanzes the nominee's	major acmevements	s (mint. 100 words)

Summary of the outstanding accomplishments relevant to the award	
(in bullet points – Limit: 1000 words):	
(iii builet points – Limit. 1000 words).	

Please ensure a copy of the nominee's <u>annual activity report</u> is submitted along with this nomination form. Please submit the nomination package to FOM Recognition (fom.recognition@ubc.ca) by 4:00 pm, Friday, April 12, 2024.

Signature of Department Head or School Director:
Signature of Joint Department Head or School Director (If applicable):