

University of Toronto
Award for Teaching Award in General Internal Medicine

NOMINATION FORM

NOMINEE: Name: _____
Hospital: _____

A candidate may be nominated based on consistent excellence in teaching or on excellent service as an educational leader and administrator. All nominees should be exemplary role models.

NOMINATOR: Name: _____
Level of training (e.g. resident, medical student): _____
Email: _____
Telephone (optional): _____

Brief description of reason for nomination:

Please return the nomination form by May 17, 2019 to Moira Kapral at moira.kapral@uhn.ca with a copy to tina.teng@uhn.ca