

**PRESIDENT'S OUTSTANDING CLINICIAN AWARD
NOMINATION FORM**

Recipients of this award will have demonstrated clinical acumen, professionalism, ethics, compassion for their patients, extraordinary communication skills, and mentoring as evidenced through patient satisfaction surveys, department chair evaluations as well as student/resident evaluations for work done at TTUHSCEP.

\$2,000 award

Name of Nominee: _____

Telephone: _____ E-mail address: _____

Nominee's School (check one):

_____ Graduate School of Biomedical Sciences

_____ Paul L. Foster School of Medicine

_____ Gayle Greve Hunt School of Nursing

Rank of Nominee (check one):

_____ Professor

_____ Associate Professor

_____ Assistant Professor

Number of years at present academic rank: _____

Number of years at TTUHSCEP: _____

Required material for nomination in order of presentation:

- Completed nomination form (this form)
- Cover letter from the School's nominator or committee containing detailed highlights of the nature of the candidate's exceptional contribution to the criteria for this award **(not to exceed 2 pages)**
- Copies of appropriate evaluations
- Nominee's curriculum vitae