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 TTUHSC.

$2,000 award

Name of Nominee:______________________________________________________________

Telephone:____________________ E-mail address:____________________________________

Nominee’s School (check one):

_____ Graduate School of Biomedical Sciences
_____ School of Medicine
_____ Paul L. Foster School of Medicine
_____ School of Nursing
_____ Gayle Greve Hunt School of Nursing
_____ School of Allied Health Sciences
_____ School of Pharmacy

Rank of Nominee (check one):

_____ Professor
_____ Associate Professor
_____ Assistant Professor

Number of years at present academic rank:__________

Number of years at TTUHSC:__________

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