



**AWARD OF EXCELLENCE**  
**Nomination Form**

Nominee: \_\_\_\_\_

Nominee's Residency Program Affiliation: \_\_\_\_\_

Nominator: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please attach a description of the nominee's contributions to Graduate Medical Education in Dayton, Ohio. The document should not exceed one page (using a 12 point font and one inch margins.) Also please attach a current copy of the nominee's curriculum vitae.

In addition to the nomination, please arrange for three to five letters of support for this nominee. List below the name, address, phone number and e-mail address of three to five individuals that will be supporting this nomination. **Support letters should be forwarded to the address below.**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

Please return this form **no later than Monday, May 3, 2010** to:

Jan Austin, Administrative Director  
Dayton Area Graduate Medical Education Consortium  
2 Riverplace, Suite 400  
Dayton, Ohio 45405  
E-mail: [jaustin@dagmec.org](mailto:jaustin@dagmec.org)