THE MANITOBA COLLEGE OF FAMILY PHYSICIANS | LE COLLÈGE DES MÉDECINS DE FAMILLE DU MANITOBA

Manitoba College of Family Physicians (MCFP) Awards of Excellence Form

Eligibility & **Selection**: Appendix A:

- The Award will be granted to one active member in good standing to support attendance at the College of Family Physicians of Canada's Family Medicine Forum (FMF). In accepting this award, the recipient agrees to attend the Section of Teachers Meeting held at FMF.

Details
Nominee Details:
Nominee Full Name: **Nominee's Email Address:** **Nominee's Phone Number:** **Position:** **Site Nominee at:**
Self-Nomination: Yes ☐ **No** ☐
Nominator Details: *Please complete this section if it is not a self-nomination*
Disclosure – Conflict of Interest pertaining to Nomination: No ☐ **Yes** ☐ **Nominator Full Name:** **Nominator's Email Address:** **Nominator's Phone Number:** **Why are you nominating this individual? Describe how the nominee meets the award criteria.**

Application Package: The following are considered as part of the candidate's application submission
Nominee Details:
☐ **This completed nomination form *Required*** ☐ **Attach current curriculum vitae or complete an abbreviated curriculum vitae (CV)** ☐ **Two letters of support** ☐ **Additional material documenting evidence of excellence**

The candidate's application package must be submitted to DFMAwards@umanitoba.ca by January 30, 2023.

- December 5, 2022: Submissions open
- January 30, 2023: Application submission deadline
- Announcement at MCFP Annual Members Meetings April 28, 2023
- May 26, 2023: Presentation of Award at Family Medicine's 50th Anniversary Gala

Announcements of award recipients are made first in confidence to the recipient prior to May 26, 2023 and then publicly at a later date.

Notes: Recipient/s will be recognized at the Department of Family Medicine's 50th Anniversary Gala, the Department Council meeting, in the DFM newsletter, annual report, website and possibly other promotional materials.

Submission Declaration:

I confirm the above information is correct and submitted to the best of my knowledge ☐

Date Form Submitted:

Electronic Signature: