

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

For more information on eligibility and selection, please refer to the Award of Excellence criteria.

Details
Nominee Details:
Nominee Full Name: Nominee's Email Address: Nominee's Phone Number: Position: Site Nominee at:
Self-Nomination: Yes <input type="checkbox"/> No <input type="checkbox"/>
Nominator Details: <i>Please complete this section if it is not a self-nomination</i>
Disclosure – Conflict of Interest pertaining to Nomination 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:
<input type="checkbox"/> This Completed Nomination Form <i>Required</i> <input type="checkbox"/> Attach current curriculum vitae or complete an abbreviated curriculum vitae (CV) <input type="checkbox"/> Two letters of support <input type="checkbox"/> Additional material documenting evidence of excellence
<p>The candidate's application package must be submitted to info@mcfp.mb.ca by January 30, 2024.</p> <ul style="list-style-type: none"> December 8, 2023: Submissions open January 30, 2024: Application submission deadline Announcement at MCFP Annual Member Meeting April 19, 2024 <p>Announcements of award recipients are made first in confidence to the recipient prior to April 2024, and then publicly at a later date.</p> <p>Note: recipients will be recognized during the Celebration of Family Medicine, the MCFP website, social media, in the MCFP newsletter, annual report, and possibly other promotional materials.</p>
Submission Declaration:
I confirm the above information is correct and submitted to the best of my knowledge <input type="checkbox"/> Date form submitted: Electronic Signature: