

# HealthPartners Institute for Medical Education HealthPartners Medical Group



## 2011 Excellence in Education Award

### NOMINATION FORM

*Note:* Nominee must be currently employed within the organization.

Type or Print Information

<b>NOMINEE INFORMATION</b>	<b>NOMINEE</b>		
	<b>TITLE</b>		
	<b>LOCATION</b>		
	<b>NAME OF NOMINEE'S DIRECT REPORT</b>		
<b>NOMINATOR INFORMATION</b>	<b>TITLE</b>		<b>PHONE</b>
	<p>In addition to the nomination form and letter, two additional letters of support from peers, supervisors, alumni or students, are highly recommended. Please list the names of the individuals who will provide a letter of support. Include contact information such as their phone number or email address. If possible, include the support letters with the submission of the nomination form and letter.</p>		
	1.		
	2.		
	3.		
	4.		
<b>NOMINATOR NAME</b>			
<b>TITLE</b>			
<b>LOCATION</b>		<b>PHONE</b>	
<b>RELATIONSHIP TO NOMINEE</b>			
<b>HOW LONG HAVE YOU KNOWN NOMINEE</b>			

Complete this form and submit along with a nomination letter<sup>1</sup> of support and two additional letters of support to [maria.e.berens@healthpartners.com](mailto:maria.e.berens@healthpartners.com) or via:

FAX	INTERNAL ADDRESS	EXTERNAL ADDRESS
Maria Berens 952-883-7181	Maria Berens MS: 21110T	Maria Berens HealthPartners Institute for Medical Education MS: 21110T P.O. Box 1309 Minneapolis, MN 55440-1309

#### **Nomination Letter<sup>1</sup>**

Attach a nomination letter identifying the nominee's qualifications for the award.

The letter should include (as appropriate) the nominee's teaching responsibilities, evidence of distinguished teaching, innovation, publications, special awards, evidence of leadership, and examples of subsequent student achievement. Please address each criterion that you have selected individually. Supporting documentation may also be included (awards, letters of praise, project work, etc.)

*Thank you for your support of excellence in medical education.*