**2024 Temerty Awards for Excellence in Professional Values Nomination Form**

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| **Section A: Nominee Information** | |
| **First and Last Name:** |  |
| **E-mail Address:** |  |
| **Role** (Select one)**:** | Faculty  Learner |
| **Sector** (Select one)**:** | Basic  Clinical  Rehabilitation |
| **Position Title:** |  |
| **Department:** |  |

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| **Section B: Nominator Information** | |
| **Primary Nominator:** | |
| **First and Last Name:** |  |
| **E-mail Address:** |  |
| **Role** (Select all that apply)**:** | Department Chair  Colleague  Community Member  Faculty  Learner  Other – Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Position Title:** |  |
| **Department:** |  |

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| **Supporting Nominator #1:** | |
| **First and Last Name:** |  |
| **E-mail Address:** |  |
| **Role** (Select all that apply)**:** | Department Chair  Colleague  Community Member  Faculty  Learner  Other – Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Position Title:** |  |
| **Department:** |  |

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| **Supporting Nominator #2:** | |
| **First and Last Name:** |  |
| **E-mail Address:** |  |
| **Role** (Select all that apply)**:** | Department Chair  Colleague  Community Member  Faculty  Learner  Other – Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Position Title:** |  |
| **Department:** |  |

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| **Section C: Questions** |

Please describe how your nominee demonstrates commitment to the following:

**(NOTE: Point form responses are acceptable, and examples enhance the nomination.)**

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| 1. **Fairness, integrity, and ethical standards in carrying out professional and academic endeavors. Provide example(s) where applicable.** |
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| 1. **Facilitation of psychologically, culturally, and physically safe learning environments. Provide example(s) where applicable.** |
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| 1. **Collective responsibility of ensuring one another's well-beings through demonstration of kindness, respect, civility, humility, and/or self-direction. Provide example(s) where applicable.** |
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| 1. **Anti-oppressive and anti-racist practices through consistent advocacy and inclusion for equity deserving groups and allyship. Provide example(s) where applicable.** |
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| 1. **Achieving the mandates of the Truth and Reconciliation Commission in our healthcare education, practice, and research. Provide example(s) where applicable.** |
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| 1. **Breadth of professional values represented by this individual. Provide example(s) where applicable.** |
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| 1. **Impact on TFoM and broader communities. Provide example(s) where applicable.** |
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| 1. **Optional - Share any other information you feel would be relevant to the award committee.** |
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| **Section D: Nomination Package Documents** |

Each nomination package must be submitted electronically as separate documents using the naming nomenclature below:

1. **Nomination Form:**
   * NomineeFirstName\_NomineeLastName\_Nomination\_Form

(Example: John\_Smith\_Nomination\_Form)

1. **Letter of Support from the Chair or Program/Course Director:**
   * NomineeFirstName\_NomineeLastName\_LOS

(Example: John\_Smith\_LOS)

1. **Nominee’s CV**:
   * NomineeFirstName\_NomineeLastName\_CV

(Example: John\_Smith\_CV)

1. **Brief Explanation Letter (if applicable):** *Either the primary nominator or one of the supporting nominators should preferentially be a learner. If the inclusion of a learner among the nominators is not possible, please provide a brief letter to explain the reason.*
   * NomineeFirstName\_NomineeLastName\_Brief\_Letter

(Example: John\_Smith\_Brief\_Letter)

Complete packages must be sent to [medicine.clinicalaffairs@utoronto.ca](mailto:medicine.clinicalaffairs@utoronto.ca). (NOTE: Hard copies and nomination packages received after the deadline will not be accepted.)