

### NOMINEE INFORMATION

Name:

Phone:

Email:

Mailing Address:

Specialty:

Relationship to Duke University School of Medicine (include class years):

1. List nominee's volunteer involvement, both/either Duke-related and community:

2. What special skills and expertise would the nominee bring to the council?

3. Other comments:

### NOMINATOR INFORMATION

Name:

Self Nomination

Email:

Phone:

Relationship to Duke University School of Medicine (include class years):

### NOMINATION REQUIREMENTS

Submit the following to [jennifer.l.turner@duke.edu](mailto:jennifer.l.turner@duke.edu) by September 1 for consideration to join the council the following year.

(1) Nomination Form

(2) Nominee's CV and/or bio-sketch *(if available)*

(3) Any letters of support or other relevant information