

Date:

AWARD CATEGORY (check one)

Distinguished Alumni Distinguished Faculty Lifetime Achievement Humanitarian
 Emerging Leader Distinguished Service Honorary Alumni Transformational Leadership

NOMINEE INFORMATION

Name: _____ Phone: _____
Email: _____ Mailing Address: _____
Specialty: _____
Relationship to Duke University School of Medicine (check all that apply):
 MD Alumni House Staff Alumni Current Faculty Other, explain:
Please list the top 3-5 accomplishments of the nominee as related to their award category:

NOMINATOR INFORMATION

Name: _____ Phone: _____
Email: _____ Mailing Address: _____
Specialty: _____
Relationship to Duke University School of Medicine (check all that apply):
 MD Alumni House Staff Alumni Current Faculty Current Student

NOMINATION REQUIREMENTS

Submit this form, the nominee's CV and/or bio-sketch (if applicable), and a minimum of three letters of support by September 1 for consideration in the following year's awards.

Submissions accepted via e-mail to jennifer.l.turner@duke.edu