

NOMINEE INFORMATION

DATE:

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 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