

AAWEP *Resident Rocks It!* Award Nomination Form

***Criteria for Nomination***

**This award recognizes a female emergency medicine resident who shows promise for significant career achievements and leadership in Emergency Medicine through advocacy, administration, education, or research.**

Nominees must meet the following criteria:

* Contributions to promote mentoring and professional development of women physicians
* Active member of ACEP
* Role model to female emergency physicians to include notable service to professional Emergency Medicine organizations

Any member of the American Association of Women Emergency Physicians (AAWEP) may nominate himself/herself or another member for this award.

**Deadline for nominations: MAY 31, 2019**

***Selection and Presentation***

The *Resident Rocks It!* award winner is selected by the AAWEP Awards Committee through a majority vote; in the event of a tie, the deciding vote belongs to the committee chair. The recipient will be announced by, **JUNE 28**. The award will be presented at the AAWEP meeting at ACEP *Scientific Assembly* 2019 in, Denver.

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***This form must be completed entirely. Please do not indicate “See CV.”***

The nomination package includes: 1) nomination form, 2) nominee’s curriculum vitae, 3) a letter explaining why the nominee merits the award and specifically relating to their background to the award criteria and 4) up to three letters of support.

**COMPLETED** **Packages** should be submitted to Susan Gell-Horton (sgellhorton@acep.org) **NO LATER than MAY 15, 2019**. ***It is very important to have all items (forms, letters of support, nominee’s CV, etc.) sent at one time to make sure nothing is missed in the nomination review process***.

***Nominator***

Nominated By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Submitted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City,State,ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominator’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Nominee***

Name of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nomination Form**

* Please state why this person should be honored with this award, with specific attention to the criteria listed above. Paragraph or bullet format is acceptable and is **limited to 750 words**. ***Complete and submit as separate document in the nomination package.***
* **Complete the following, even if listed on CV:**

A) ACEP Offices Held (National and Chapter):

B) Committees (National, Local/Name of Committee, and Length of Service):

C) Other Emergency Medicine-Related Services (Title and Length of Service):

D) Other Activities of Special Merit (Civic, Institution, etc.)

* **Letters of Support**

Up to three letters of support may be submitted. Letters should demonstrate collaboration and be submitted from individuals who work with that nominee. *Letters are optional* unless package is a self-nomination; then at least one letter from a supervisor or senior leader must be submitted to attest that the nominee is in good professional standing.