



AAWEP Outstanding Emergency Department Director Award Nomination Form

Criteria for Nomination

This award recognizes an emergency medicine department chair/director who has significantly impacted/enhanced the career(s) and lifestyle of women mentee(s) in the workplace through advocacy, leadership, and administration. (This award was created to honor any ED director/chair who has afforded women EM physicians the opportunity to balance their work and family lives, including childcare and other gender-specific needs in the workplace).

Nominees must meet the following criteria:

- Contributions to promote mentoring and professional development in 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: JUNE 30, 2021

Selection and Presentation

The Outstanding Emergency Department Director 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 award recipient will be announced by JULY 15.** The award will be presented at the AAWEP meeting at ACEP *Scientific Assembly* 2021 in Boston.

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 honor, specifically relating to the award criteria and 4) up to three letters of support.

COMPLETED Packages should be submitted to Morgan Gardner (mgardner@acep.org) **NO LATER than JUNE 30, 2021.** ***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 Documents

- ❖ 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.***

❖ **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 by 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.