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: APRIL 20, 2020

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 MAY 15. The award will be presented at the AAWEP meeting at ACEP Scientific Assembly 2020 in Dallas.
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 Rachel Donihoo (rdonihoo@acep.org) NO LATER than APRIL 20, 2020. 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.