AAWEP Rising Star Award Nomination Form

Criteria for Nomination

This award recognizes a junior female emergency medicine attending who has demonstrated exceptional leadership in Emergency Medicine through advocacy, administration, education, or research. Similar in intent to sports-based “rising star” awards, the AAWEP Rising Star Award is given annually to a standout young EM physician who displays exceptional service and/or outstanding leadership in the profession.

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.

Annual call for nominees: March 5, 2016-April 3, 2016
Deadline for nominations: April 3, 2016

Selection and Presentation

The Rising Star 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. Recipients will be announced May 28, 2016. The award will be presented at the AAWEP meeting at ACEP Scientific Assembly 2016.
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.

Packages should be submitted to Dr. Kathleen Clem (kclem@llu.edu) NO LATER than April 3, 2016.

**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 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.