STANFORD MEDICAL CENTER FAMILY ABUSE PREVENTION COUNCIL

ABUSE AWARENESS AWARDS NOMINATION FORM

Submission date: __________________

Nomination for (choose one) ___ Research Prize ___ Clinical Prize

Nomination Guidelines
1. Please see prize detail sheet to determine eligibility.
2. Any member of the Stanford Medical Center community may submit a nomination (but not for one’s self – the impact of the nominee’s work ought to be apparent to others).
3. Submit completed nomination by email to: domesticabuse@med.stanford.edu
4. Nominations are open each year May 1st and must be received by midnight July 31st.

Nominee Information
Nominee Name:
Department/Position:
Email:
Best contact phone:

Nominator Information
Nominator Name:
Department/Position:
Email:
Best contact phone:

Please provide a brief biography of the Nominee (no more that ½ page typed)

Please provide a detailed description of why you believe this Nominee deserves this award (please address accomplishments, commitment, impact of work)

For committee use:
Date Received:
Considered on date/by:
Notification on date/by: