

Distinguished Service Award Nomination Form

CRITERIA FOR NOMINATION

To be eligible for nomination, the candidate must:

1. Must be an anesthesiologist who has been an Active member in good standing in the Section on Anesthesiology in the OMA for a minimum of 10 years.
2. Provided significant service to the promotion of anesthesiology and/or its respective subspecialties in the Province of Ontario by having had an active role in:
 - a. Clinical Service or Excellence-
 - b. Administrative and Leadership-
 - c. Education and teaching-
 - d. Research and scientific work-
 - e. Humanitarian and altruism-
3. Is not a member of the current Executive or its committee(s).
4. May be active or retired.
5. The award will not be given posthumously.

HOW TO NOMINATE

- Nominations for the Distinguished Service Award may be submitted by any Section member(s) of the Section on Anesthesiology in the OMA by completing this form.
- One form is required for each candidate nominated and it **must be received by June 1, 2024**.
- The nomination form may be manually copied or you may complete the form online at <https://ontariosanesthesiologists.ca/nomination-form>
- **Nominations and other supporting material are to be sent to the OA Executive Coordinator, Stephanie Field, at info@ontariosanesthesiologists.ca.**
- Nominations shall contain extensive supporting documentation, including:
 1. Approved Nomination form.
 2. Nominee's curriculum vitae.
 3. A detailed letter indicating why you believe your candidate deserves this honour. Please stress his/her significant contributions to anesthesiology or its subspecialties.
 4. Additional letters of support from two (2) other members of the Section on Anesthesiology in the OMA.
- Nominations rejected by the Selection Committee will stand for three years and may be reconsidered at a subsequent meeting.
- Upon nomination, the nominee will be contacted to confirm acceptance of the nomination and to obtain additional information.

Please complete the following and submit it with your supporting materials to info@ontariosanesthesiologists.ca

First Nominator Information:

Name: _____
OMA Number: _____ Hospital: _____
Address: _____ ONTARIO _____
Apartment: Name of Street City Postal Code
Day Phone: _____ Evening Phone: _____
Include Area Code and Extensions Include Area Code and Extensions
Email 1: _____ Email 2: _____

Nominee information:

I am proud to nominate the following for the Distinguished Service Award:

First

Middle

Last

This individual has provided significant service to the promotion of anesthesiology and/or its respective subspecialties in the Province of Ontario by having had an active role in:

- Clinical Service or Excellence
- Administrative and Leadership
- Education and Teaching
- Research and Scientific Work
- Humanitarian and Altruism
- Other (Please Describe): _____

Address: _____
Apartment: Name of Street City Present Province Postal Code
Day Phone: _____ Evening Phone: _____
Include Area Code and Extensions Include Area Code and Extensions
Email 1: _____ Email 2: _____

Location Where Service Occurred: _____
Name of Hospital or Facility City Province

Second Nominator Information:

Name: _____
OMA Number: _____ Hospital: _____
Day Phone: _____ Evening Phone: _____
Include Area Code and Extensions Include Area Code and Extensions
Email 1: _____ Email 2: _____

Third Nominator Information:

Name: _____
OMA Number: _____ Hospital: _____
Day Phone: _____ Evening Phone: _____
Include Area Code and Extensions Include Area Code and Extensions
Email 1: _____ Email 2: _____