

## 2012 NOMINATION FORM

Please type or print

**Name of Nominee** \_\_\_\_\_

**Division** \_\_\_\_\_

**Address** \_\_\_\_\_

(campus address, including box #)

**Site of practice** \_\_\_\_\_

Please check all that apply to nominee's clinical activity:

- Outpatient Practice
- Inpatient Consult Service
- Patient Care effort is  $\geq$  50%

**Nominee's Clinical Care Activity:** On no more than 1 separate page, please describe the nominee's clinical care activities including, but not limited to, recognition by peers, referrals (peers, local, national, and international), and experience in forging innovation in clinical care delivery.

**Nominator must be a Department of Medicine Faculty or Housestaff member.**

Nominated by \_\_\_\_\_

(Please type or print name)

Signature \_\_\_\_\_

(Date)

Relationship to Nominee \_\_\_\_\_

Telephone #: \_\_\_\_\_

**Division Chief:**

Name:

**Service Chief:**

Name:

Signature:

Signature:

Letters of Support may be submitted by up to 3 full-time Department of Medicine faculty members, 1 full-time faculty member from another UCSF clinical department, and 1 non-UCSF MD. The nomination form and accompanying letters should be submitted to Ilene Oba at the Department of Medicine Chair's office by April 13, 2012 at Box 0120. For additional information call Ilene at 415.502.5300.