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**2025 Sarita Verma Award for**

**Advocacy and Mentorship in Postgraduate Medicine**

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| **NOMINATION FORM** | | | | |
| Nominee Information: | | | | |
| Name of Nominee: | | | | |
| Nominee’s Address: | | | | |
| Nominee’s email address: | | | | |
| Nominee’s Phone number: | | | | |
| Nominee’s current Division/Dept/Unit  within the Temerty Faculty of Medicine: | | | | |
| Names and email addresses of 2 internal references (learners/colleagues)  \****no letters required from references; note that the nominator cannot be a reference\**** | Name:  Email:  Name:  Email: | | | |
| Nominee’s status with the Faculty, and individual or group nomination category: | | | | |
| Faculty Member(s) | Staff  Member(s) | Individual | | Group |
|  | | | | |
| Nominator: | | | | |
| Name: | | | | |
| Address: | | | | |
| Email address: | | | | |
| I have contacted the Nominee who has accepted this nomination | Yes | | No | |
| I have attached my letter of support | Yes | | No | |
| Signature of Nominator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |



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| **Checklist for nominators:** |
| 1. Completed Nomination Form 2. Detailed letter of support from the nominator outlining the reasons for the nomination 3. Nominee’s CV   Nomination packages must be submitted electronically in a PDF file to [arlene.mckinley@utoronto.ca](mailto:arlene.mckinley@utoronto.ca)  **Deadline for Nominations: Friday, January 31, 2025**  Questions concerning the nomination form or process may be directed to Arlene McKinley via email.  **Additional award information can be found at the PGME website:**  <https://pgme.utoronto.ca/sarita-verma-award> |