

SASKATCHEWAN MEDICAL ASSOCIATION

RESIDENT LEADER OF THE YEAR

Nomination Form

The Saskatchewan Medical Association (SMA) Resident Leader of the Year is awarded annually to a resident who demonstrates significant leadership skills and who had also made a positive impact on the medical profession or his/her community. The SMA Resident Leader of the Year is an exemplary role model for residents.

Eligibility Criteria:

- Resident must be an SMA member
- Resident must be serving in a residency position in Saskatchewan in any year
- Resident must be living in Saskatchewan at time of nomination
- Leadership abilities demonstrated through contributions focused on care, quality and service to the community.
- Contributions can be made in the professional or personal spheres
- Contributions can be made at either a community, district, provincial, national or international level

Please return nomination forms by **Aug. 15, 2022**, via mail or email to:

Resident Leader of the Year
Saskatchewan Medical Association
201 – 2174 Airport Drive
Saskatoon, SK S7L 6M6
Email: sma@sma.sk.ca

Nominee Information

Name:

Surname *First Name* *Initial(s)*

Address:

Street

City/Town *Postal Code*

Telephone: *Office* *Residence*

Fax: _____ **Email address:** _____

Residency position and year: _____ Residency site: _____

Leadership contribution to: Professional sphere Personal sphere

Level of Contribution: Community District/Region Provincial National International



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The Nomination Form has three parts:

1. Summary of nominee's contributions
 2. Letters of support
 3. Nominators' information
1. **Summary** - Please provide a brief summary of this nominee's leadership contributions focused on care, quality, and service in either professional or personal spheres. Attach other biographical information as appropriate.
 2. **Supporting documents** – Please attach a minimum of two letters of support from colleagues, nominators, patients or other community members.
 3. **Nominator information** – Nominators are asked to complete the following information. A letter of reference from at least one of the nominators must also be provided.

1st Nominator

Name: _____

Address: _____

Street

City/Town

Postal Code

Telephone: *Office*

Residence

Fax: _____

Email address: _____

Signature _____

2nd Nominator

Name: _____

Address: _____

Street

City/Town

Postal Code

Telephone: *Office*

Residence

Fax: _____

Email address: _____

Signature _____



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