

SASKATCHEWAN MEDICAL ASSOCIATION

STUDENT LEADER OF THE YEAR

Nomination Form

The Saskatchewan Medical Association (SMA) Medical Student Leader of the Year is awarded annually to a student in good standing in year four of the medicine program in the College of Medicine at the University of Saskatchewan, and who has demonstrated significant leadership skills and contribution to the medical learners and/or healthcare and wider communities. The SMA Student Leader of the Year is an exemplary role model to medical learners and others.

Eligibility Criteria:

- Student must be an SMA member
- Student must be living in Saskatchewan at time of nomination, and registered in the medicine program at the University of Saskatchewan
- Demonstrated success in leadership roles and evidence of contributions focused on enhancing the medical learning, healthcare or wider communities
- 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:

Medical Student 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*

Email address: _____ **Year of training:** _____

Leadership contribution to: Professional sphere Personal sphere



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Level of Contribution: Community
 Provincial

District/Region
 National

International

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 enhancing the medical learning, healthcare or wider communities 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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