

AWARDS NOMINATION FORM  
UCLA MEDICAL ALUMNI ASSOCIATION

I WOULD LIKE TO NOMINATE THE FOLLOWING INDIVIDUAL (NO SELF-NOMINATIONS PLEASE):

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date of Submission: \_\_\_\_\_

NOMINEES MUST BELONG TO ONE OR MORE OF THE FOLLOWING CATEGORIES TO BE ELIGIBLE (EXCEPT FOR AWARD OF EXTRAORDINARY MERIT). PLEASE CHECK ALL THAT APPLY:

- David Geffen School of Medicine at UCLA Alumnus/a (Class of \_\_\_\_\_ )
- Faculty of the School or affiliated hospitals
- Physician who has received residency or fellowship training at a UCLA affiliated institution

FOR WHICH AWARD(S) ARE YOU NOMINATING THIS PERSON? PLEASE CHECK ALL THAT APPLY:

The Medical Science Award recognizes individuals who have brought distinction to the David Geffen School of Medicine at UCLA by outstanding achievements in medical research or education.

The Professional Achievement Award recognizes David Geffen School of Medicine at UCLA alumni who have brought distinction to the School of Medicine by exemplary achievements as a physician or through service to the broader community. (This individual exemplifies the ideals of a conscientious, compassionate, and humanitarian physician).

The Distinguished Service Award recognizes individuals for distinguished service to the David Geffen School of Medicine at UCLA and its affiliated institutions over a span of years.

The Award of Extraordinary Merit recognizes individuals for many years of contributions that have been of unusually great benefit to the David Geffen School of Medicine at UCLA either directly or by enhancing its reputation through major advances in the biomedical field as a whole. Nominees for this award need not be David Geffen School of Medicine alumni, faculty, or former house staff or fellows at UCLA or its affiliated programs. (Past recipients of other MAA awards may be nominated for this award.)

The nominator must provide: (1) the nominee's CV, (2) a formal letter of support, and (3) names and addresses of two others who could write supporting letters.

NOMINATED BY: Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mail or fax this completed form to: UCLA MAA Awards Committee, c/o MAA Director, James West Alumni Center, Los Angeles, CA 90095-1397. Fax: 310-825-8678