

**PRESIDENT'S AWARD FOR INTERPROFESSIONAL TEAMWORK
NOMINATION FORM**

Recipients of this award will have recognized accomplishments in Interprofessional teamwork as demonstrated through a collaborative project across Schools that demonstrate Interprofessional Teamwork yielding positive outcomes for participants (students, patients, and/or community members) in educational, clinical, or research area at TTUHSCEP.

\$2,000 award

Name of Nominee: _____

Telephone: _____ E-mail address: _____

Nominee's School (check one):

_____ Graduate School of Biomedical Sciences

_____ Paul L. Foster School of Medicine

_____ Gayle Greve Hunt School of Nursing

Rank of Nominee (check one):

_____ Professor

_____ Associate Professor

_____ Assistant Professor

Number of years at present academic rank: _____

Number of years at TTUHSCEP: _____

Required material for nomination in order of presentation:

- Completed nomination form (this form)
- Cover letter from the School's nominator or committee containing detailed highlights of the nature of the candidate's exceptional contribution to the criteria for this award **(not to exceed 2 pages)**
- Nominee's curriculum vitae