



## **AAWEP Community EM Champion Award Nomination Form**

### ***Criteria for Nomination***

This award recognizes a woman emergency physician in a community-based practice who has demonstrated exceptional leadership or service within the community, hospital or employer group. The AAWEP Community EM Champion Award is given annually to a **standout EM physician who is working hard and excelling in community-based hospitals.**

Nominees must meet the following criteria:

- Currently practicing in a community-based hospital or emergency care facility.
- Active member of ACEP
- Demonstration of leadership or service within community, hospital, or group

Any member of the American Association of Women Emergency Physicians (AAWEP) may nominate himself/herself or another member for this award.

**Deadline for nominations: JULY 17, 2023**

### ***Selection and Presentation***

The *Community EM Champion* award winner is selected by the AAWEP Awards Committee through a majority vote; in the event of a tie, the deciding vote belongs to the committee chair. **The recipient will be announced by AUGUST 7.** The award will be presented at the AAWEP meeting at ACEP *Scientific Assembly* 2023 in Philadelphia.

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***This form must be completed entirely. Please do not indicate "See CV."***

**The nomination package includes:** 1) nomination form, 2) nominee's curriculum vitae, 3) a letter explaining why the nominee merits the award and specifically relating to their background to the award criteria and 4) up to three letters of support.

**COMPLETED Packages** should be submitted to Michele Byers (mbyers@acep.org) **NO LATER than JULY 17, 2023. It is very important to have all items (forms, letters of support, nominee's CV, etc.) sent at one time to make sure nothing is missed in the nomination review process.**

***Nominator***

Nominated By: \_\_\_\_\_

Date Submitted \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

E-mail \_\_\_\_\_

Nominator's Signature \_\_\_\_\_

***Nominee***

Name of Nominee: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

E-mail \_\_\_\_\_

Telephone: \_\_\_\_\_

***Nomination Documents***

- ❖ Please state why this person should be honored with this award, with specific attention to the criteria listed above. Paragraph or bullet format is acceptable and is **limited to 750 words. Complete and submit as separate document in the nomination package.**

❖ **Complete the following, even if listed on CV:**

A) ACEP Offices Held (National and Chapter):

B) Committees (National, Local/Name of Committee, and Length of Service):

C) Other Emergency Medicine-Related Services (Title and Length of Service):

D) Other Activities of Special Merit (Civic, Institution, etc.):

❖ **Letters of Support**

Up to three letters of support may be submitted. Letters should demonstrate collaboration and be submitted from individuals who work with that nominee. **Letters are optional unless package is a self-nomination**; then at least one letter from a supervisor or senior leader must be submitted to attest that the nominee is in good professional standing.