UMKC School of Medicine Community Preceptor Award

This checklist must be included as the first page of the single PDF of all nomination materials. (Check as applicable).

The nominator must attest:

\_\_\_ The nominee is either a SOM faculty member or designated preceptor for medical students, graduate students, and/or graduate medical education residents/fellows.

\_\_\_ The nominee is a healthcare provider who works in a community clinical setting rather than interacting with learners primarily in the school’s affiliate hospital setting (University Health, Saint Luke’s Hospital, Children’s Mercy Hospital, Center for Behavioral Medicine, Mosaic, Veteran’s Administration Hospital, or Research Medical Center).

\_\_\_ The nominator can nominate one individual for this award.

Materials to be submitted as one PDF in this order:

\_\_\_ This completed checklist

\_\_\_ A nomination letter not to exceed 3-pages with up to 3 signees which should include a narrative of how the preceptor has inspired learners at UMKC SOM (medical students, graduate students, and/or graduate medical education residents/fellows). Anecdotes about the scope of influence/mentorship/support by the preceptor are encouraged. The nomination letter is encouraged to come from learners (but not required).

\_\_\_ Most recent CV from the nominee

Nominator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominator’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_