Faculty Clinical Affiliate Teaching 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:

\_\_\_ As nominator, I am the Academic Chair of the nominee.

\_\_\_ The nominator can nominate one individual per affiliate. In other words, if the Academic Department is at more than one clinical affiliate, the Academic Chair could nominate one faculty member from each affiliate.

\_\_\_\_ The nominee is tenure or nontenure track faculty at the SOM for a minimum of 5 years.

\_\_\_\_ The nominee’s primary clinical duties include a substantial teaching component at University Health/Truman Medical Centers (UH), Saint Luke’s Hospital (SLH), Children’s Mercy Hospital (CMH), Mosaic, or Center for Behavioral Medicine (CBM).

Check which affiliate the nominee should be considered from:

\_\_\_\_UH/TMC \_\_\_SLH \_\_\_CMH \_\_\_CBM \_\_\_\_Mosaic

Materials to be submitted as one PDF in this order:

\_\_\_ This completed checklist

\_\_\_ A nomination letter stating how long the nominee has been on staff at the affiliate and SOM, why the nominee stands out as an excellent clinical teacher in contributing to clinical education and creating a supportive learning environment, the number and types of SOM learners that the nominee has interacted with in the past year, any outcomes achieved (educational innovations, learner scholarly activity, influence on specialty, attainment of employment or post-graduate training positions, etc.).

\_\_\_ Up to 3 letters of support from learners/learner groups describing the nominee’s clinical teaching skills and influence. (Learner groups could be a consensus letter from a docent team, a residency group, etc.)

\_\_\_ Learner evaluations (student, resident/fellow, graduate student) of the faculty nominee, and must include evaluations from the most recent academic year.

\_\_\_The nominee’s current CV.

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

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