UMKC School of Medicine Faculty Excellence in Simulation Education 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 tenure or nontenure track faculty at the SOM for a minimum of 3 years.

\_\_\_\_ The nominee is being considered for substantial contributions in simulation-based education and/or research and has been directly engaged in simulation activities with UMKC SOM learners (medical student, graduate student, and/or graduate medical education residents/fellows.

\_\_\_\_If the nominee is specifically compensated or contracted for work in simulation-based educational activities at a school or affiliate level (such as leading a simulation center/program for the SOM or a hospital affiliate), the nomination materials submitted are for simulation efforts prior to their being appointed in their administrative role.

\_\_\_ The nominator can nominate one individual.

Materials to be submitted as one PDF in this order:

\_\_\_ This completed checklist

\_\_\_\_A nomination letter (no more than 3 pages) must include a narrative about how the faculty’s contributions to simulation-based educational activities and/or research have made a positive impact on learners' educational experience at the School. A brief description of simulation-based education time commitments such as hours/week or month and number and type of learners involved should be included. Any prior awards for education and/or simulation activities should be included. If the nominee has publications or presentations related to simulation-based educational activities, these should be included.

\_\_\_\_Up to two additional letters of support for the nominee from persons influenced by or who directly benefited from the simulation-based educational activity.

\_\_\_\_An abbreviated CV of the nominee’s simulation related activities not to exceed 3 pages. The nominator must contact the nominee to provide required materials.

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

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

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