

Division of Palliative Care
Department of Family Medicine, McMaster University
The Elizabeth J. Latimer Prize in Palliative Care
Nomination Form

Nominee: _____

Title: _____

Address: _____

City: _____ **Province:** _____ **Postal code:** _____

Telephone: _____ **Email:** _____

Nominated by: _____

Address: _____

City: _____ **Province:** _____ **Postal code:** _____

Telephone: _____ **Email:** _____

Documentation for the nomination requires:

1. a completed nomination form
2. the nominee's curriculum vitae.
3. a detailed letter of nomination
4. **2** additional letters of support. (one of which is from an agency/employer **different** from the nominee's home agency/employer).

In the letters of nomination and support, please describe how the nominee has demonstrated:

1. a commitment to compassionate, comprehensive palliative care for patients & their families
2. a commitment to interprofessional collaboration and support &
3. a spirit of pioneering, trail blazing, and innovation &
4. initiative and perseverance that has resulted in the advancement of palliative care

As well as **at least two (2)** of the following:

5. excellence in clinical care
6. excellence in teaching and development of academic thought
7. outstanding leadership and support of colleagues
8. participation in policy or system development at the regional, provincial or national level

The Chair, Selection Committee, Elizabeth J. Latimer Prize in Palliative Care

c/o Clareen Akshinthala, Division of Palliative Care,

Mailing Address: 100 Main St. W, 6th Floor, David Braley Health Sciences Center, Hamilton, L8P 1H6

Email: akshint@mcmaster.ca

For more information, including the terms of reference and the nomination form, please visit:

<https://fhs.mcmaster.ca/palliativecare/LatimerPrize.html>

*Please note that we strictly observe the deadline —**January 4, 2021.***

Handwritten nominations will not be accepted.