2024 AAP Education Award Nomination Form and Checklist

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| The selection subcommittee considers potential nominees from a broad perspective of educational contributions ranging from bedside instruction to formation of national child health educational policy. |
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| **Who is eligible for this award?**  **Only Individual AAP member** pediatricians, pediatric subspecialists, or pediatric surgeons who have consistently shown a commitment to education, either within the medical profession (to medical students, colleagues, allied health professionals, etc.), in the policy arena (as a member of a federal or national committee, agency, or group that sets an agenda for education, educational funding/priorities, etc.), and/or to the general public (through education with parents, children, communities, and other groups) are eligible for consideration. **Reminder: No team submissions will be accepted. Previous Education Award recipients are not eligible to be re-nominated for this award. In addition, members of the Academy who sit on the Board of Directors are not eligible during their term on the board to be nominated for the Education Award. AAP President-elect candidates are not eligible to be nominated for the AAP Education Award.** |

**I hereby nominate: Please type all information requested below on this form. Thank you!**

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| **Nominee Name**: | | |  | | | | | | | | | | **AAP ID #** | | | | | |  | | |
| **Title:** |  | | | | | | | | | | | | | | | | | | | | |
| **Mailing Address**: | | | |  | | | | | | | | | | | | | | | | | |
| **City**: |  | | | | | | | **State:** | | |  | | | | | | | **Zip Code**: | | |  |
| **Office Phone**: | |  | | | | **Cell Phone**: |  | | **Fax:** | | | | |  | | | | | | | |
| **Home Phone:** | |  | | | |  | | | **Email:** | | | | |  | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | |
| **Nominator Name**: | | |  | | | | | | | | | | **AAP ID #** | | | | | |  | | |
| **Title:** |  | | | | | | | | | | | | | | | | | | | | |
| **Mailing Address**: | | | |  | | | | | | | | | | | | | | | | | |
| **City**: |  | | | | | | | **State:** | | |  | | | | | **Zip Code**: | | | |  | |
| **Office Phone**: | |  | | | | **Cell Phone**: |  | | | **Fax:** | | | | |  | | | | | | |
| **Home Phone:** | |  | | | |  | | | | **Email:** | | | | |  | | | | | | |
| **Nominator’s Signature:** | | | | |  | | | | | | | **Date**: | | | | |  | | | | |

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| **Checklist** **The nominator should include the following items along with this form and submit by** **April 26, 2024.**  * **Nomination Letter (selection subcommittee will only accept one nomination letter)** * Four (4) page maximum (A sample Nomination Letter is available upon request). * Respond directly to the four award criteria listed on the Call for Nominations. The nominator is requested to develop the nomination letter in order of the 4 award criteria listed on the Call for Nominations. * Highlight and annotate at least 5 of the nominee’s contributions that are particularly significant. * Please indicate whether the candidate has received other awards or special recognition for his or her work. * **Letter(s) of Support (selection subcommittee will only accept up to 2 letters of support)** * Two (2) page maximum. * One (1) of the two letters of support should be from an individual who was a recipient of the nominee’s educational contributions.   NOTE: Only 3 letters total (1 nomination letter and 2 letters of support) will be reviewed by the selection subcommittee.   * **Nominee’s Curriculum Vitae** * **Annotated Listing of Relevant Materials**   The nominator should include an **annotated listing only** of relevant materials that illustrate the nominee’s specific educational contributions (eg, a **listing only** of any publications, project summaries, CDs, videotapes, web sites, books, etc.).  **Please send all materials via email to: Kerri Leo at** [**kleo@aap.org**](mailto:kleo@aap.org)**.**  **Questions? Email** [**kleo@aap.org**](mailto:kleo@aap.org) |