



**CAREER DEVELOPMENT AWARD IN ADOLESCENT HEALTH
NOMINATION FORM**

Name: _____ Educational Institution: _____

Phone: _____ Email: _____

Current Educational Program

Baccalaureate ___ Medical School ___ Residency ___ Graduate School ___ Post Graduate/Fellowship ___

Current Degree

BS/BA ___ MD/DO ___ Doctoral Degree (*PhD, JD, EdD, etc.*) ___ Masters (MS, MPH) ___

Are you currently in a training/educational program that focuses on adolescent medicine/health? Yes/No: _____

Are you a member of the Society for Adolescent Health and Medicine? Yes/No: _____

TITLE OF PROPOSED PROJECT: _____

The following materials **MUST** be submitted along with this nomination form to be considered for the award:

1. A letter of recommendation from the nominee's mentor/advisor in adolescent health at applicant's institution. This letter should describe applicant's commitment to the health and well-being of adolescents and applicant's involvement in the research project.
2. A letter nominating applicant for the award from a current SAHM member. This letter is only necessary if the mentor/advisor is NOT a SAHM member.
3. A 3-5 page typed narrative that includes the following:
 - a. A description of applicant's commitment to the health and well-being of adolescents through past and current activities such as community service, mentoring, and coaching.
 - b. A brief description of applicant's research project describing applicant's level of involvement in the design, execution, and analysis of the project.
 - c. A discussion of how applicant believes the award will impact upon their career choice.

Mentor/Advisor's Name _____ Mentor/Advisor's email: _____

Is this person a member of SAHM - Yes/No: _____ *If No, nominator must be a SAHM member.*

Nominator's Name _____ Nominator's email: _____

Chair/Dean: _____ Chair/Dean email: _____

Deadline to submit application materials is February 25, 2021, 11:59 pm CST. Materials must be uploaded in one PDF document [here](#).