



2006 Master Clinician Nomination Form



Deadline: April 28, 2006

Nominator:

ISHIB will present two awards in this category. Each winner will receive their conference registration, airfare and hotel accommodations and a \$1000 cash award. Please complete this form in its entirety, front and back, and return to the ISHIB office at 100 Auburn Avenue, NE Suite 401, Atlanta, GA 30303 or Fax: 404-880-0347. Supporting letters (no more than 2) are optional and may be included or sent separately. These documents may also be sent electronically to ishib@ishib.org. Please put "2006 Master Clinician Nomination" in the subject line.

Deadline for completed nomination form and supporting letters is April 28, 2006. Documents received after the nomination deadline and incomplete nominations will not be considered. If you have any additional questions, contact the ISHIB office at 404.880.0343.

**Supported by an educational
grant from GlaxoSmithKline**

Criteria for Master Clinicians:

- Influence the medical practice.
- Contribute to the professional community.
- Have outstanding clinical, advocacy, and leadership skills.
- Combine clinical skills with compassion, acts of humor, and acts of support to colleagues and patients.
- Possess a spirit that touches and inspires those around them.
- Are identified through peer recognition as dedicated, compassionate, and highly effective clinicians.
- Are identified as role models for residents, students, faculty, and other peers.
- Participate in the development of evidence-based practice guidelines and institutional quality improvement initiatives.

Do not have to be a member to receive the award

Nominator Information

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|-------------------------------------|--|
| Membership number: | |
| Name (first, last, degrees): | |
| Title: | |
| Institution/Department: | |
| Complete mailing address: | |
| Telephone: | |
| Fax Number: | |
| Email Address: | |
| Submittal Date: | |

Nominee Information

| | | |
|---|------------|-----------|
| Name (first, last, degrees): | | |
| Title: | | |
| Institution/Department: | | |
| Complete mailing address: | | |
| Telephone: | | |
| Fax Number: | | |
| Email Address: | | |
| Advisor/Department Chair Name: | | |
| Advisor/Department Support Letter Sent | Yes | No |

| Nominee Publications (most relevant—attach extra sheet if necessary) Title: | Journal/Book: | Date: |
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In addition to nominee's CV, please provide concise reasons why nominee should receive the award based on leadership, accomplishments and contributions of significance toward reducing ethnic health disparities.

Describe the nominee's professional and community activities and honors and how he/she touches the community and how they serve as a role model for residents, students, faculty, and other peers.

Identify the nominee's future research goals as they relate to the health of ethnic minority populations.

I hereby attest that none of my consultancies or holdings constitutes a conflict of interest related to this nomination.

(Signature)

If this nomination is submitted electronically, please fax a copy of the signature page to 404-880.0343.

Please include a letter describing, in 300 words or less, the most important achievements of the nominee and how you feel the nominee will make future contributions to health care in ethnic minorities. Please also include a complete curriculum vita of the nominee and a letter on university letterhead from the student's advisor or department chair attesting to student status. Supporting letters, if they are to be sent separately, advise staff that they will be arriving by the nomination deadline.) Nominations may also be submitted electronically. If you have any questions, contact the ISHIB office at 404.880.0343.