Dr.  Sanjay  Sharma  Clinical  Resident  Award Nomination  Form

**Nominee Information**

|  |  |
| --- | --- |
| Name |  |
| Program |  |
| Email |  |
| PGY Training Level |  |

**Nomination by**

|  |  |
| --- | --- |
| Name |  |
| Department |  |
| Email |  |

Describe how the nominee acted “above and beyond the call of duty” in providing outstanding patient care. Attach additional page, if necessary.

|  |
| --- |
|  |

Submit by email to [pgme@queensu.ca](mailto:pgme@queensu.ca)

or by post to 70 Barrie Street, Kingston, ON K7L3N6

**by 4:30pm, May 29th 2017**