



# Medical Student/Resident Nomination

Indicate which award you are nominating your candidate for:

**BC Family Medicine \$5,000 Medical Student Scholarship**  
**BC Family Medicine Resident Scholarship**


(Only completed nominations will be accepted. See reverse for nomination criteria.)

<b>NOMINEE'S NAME</b>		<b>CFPC MEMBERSHIP #</b>	
ADDRESS			
CITY	PROVINCE	POSTAL CODE	
TELEPHONE		EMAIL	
<b>NOMINATOR'S NAME</b>		<b>CFPC MEMBERSHIP #</b> (if applicable)	
ADDRESS			
CITY	PROVINCE	POSTAL CODE	
TELEPHONE		EMAIL	

**Your Nomination Letter should include:**

- The reason for your nomination
- A brief biography or resume of your candidate (i.e. educational and community profile)
- Evidence of your candidate's significant characteristics relevant to the award in the form of descriptive materials, testimonials or other documentation
- Letters of support and any other information which you feel will help the selection committee in its deliberations may be included



British Columbia  
College of  
Family Physicians

Le Collège des  
médecins de famille  
de la Colombie-Britannique

**Please send or fax the completed Nomination Form and Letter to:**

BC College of Family Physicians,  
#350-1665 West Broadway Avenue  
Vancouver, BC  
V6J 1X1

**For further information, contact the BCCFP Office at:**

Phone: 604-736-1877 or 1-888-7361877; Fax: 604-736-4675; Email: [office@bccfp.bc.ca](mailto:office@bccfp.bc.ca)

**CRITERIA FOR ALL AWARDS**

1. Most awards, except for the Awards of Exceptional Excellence, will be awarded annually if satisfactory nominations are received, in compliance with the Awards Terms of Reference at the discretion of the BCCFP Awards Committee
2. A nominator is required for each award
3. Each nomination must be accompanied by a cover letter from the Nominator addressing the specific reasons why the Nominator believe the Nominee warrants the proposed recognition
4. In the submission, the Nominator will:
  - a. ensure/confirm that the Nominee meets the required criteria for the award proposed and
  - b. address other elements noted below, which would indicate why their proposed Nominee warrants the award amongst other candidates

**BC Family Medicine Medical Student Scholarship**

1. Final year of medical school at UBC
2. Entering a Family Medicine Residency Program in Canada

**BC Family Medicine Resident Achievement Award**

1. Final year resident in good standing enrolled in the UBC Family Medicine Postgraduate Program