Refer to <https://the-asci.org/?p=4793> for information related to this form.

**Questions?** Please contact [programs@the-asci.org](mailto:programs@the-asci.org).

**About the nominee:**

First name: [Information here] Last name: [Information here]

Email: [Information here] Phone: [Information here]

Date of birth: [Information here]

Institution: [Information here]

Street address: [Information here]

City, State, ZIP/Postal Code: [Information here]

Country: [Information here]

Summary of accomplishments, 250 words or fewer (*important:* in the nominator’s own words):

[Information here]

Previously nominated? [Yes, no, not sure]

**Training:**

Medical degree or equivalent obtained (MD, etc.): [Information here]

Year: [Information here] Specialty: [Information here]

Residency start and end dates (month/year): [Information here]

Fellowship start and end dates (month/year): [Information here]

Date (month/year) of first faculty appointment (preferably within the past 5 years): [Information here]

**Funding:**

Must be current (active to April 2022, or start date of April 2022 or later).

* Allowed: NIH K awards (except those noted below) and intramural funding; AHRQ K awards; VA Career Development Awards; other foundation (e.g., Doris Duke Charitable Foundation, Burroughs Wellcome Fund) or society-sponsored career-development awards.
* Not allowed: NIH R01, P01, K12, or KL2.

Funding mechanism: [Information here]

Grant number: [Information here]

**Nominator/supporter information:**

|  |  |  |
| --- | --- | --- |
|  | **Nominator** | **Supporter (*optional*)** |
| Name: | [Information here] | [Information here] |
| Institution: | [Information here] | [Information here] |
| Email: | [Information here] | [Information here] |
| Relationship to the nominee: | [Information here] | [Information here] |