



**Tulane School of Medicine  
FACULTY RECOGNITION AWARD NOMINATION FORM**

*Please provide the following information; \*required.*

**2025 Deadline: January 27, 2025**

**Name of Award\*:**

**Nominee's Name\*:**

**Nominee's Email Address\*:**

**Nominee's Department\*:**

**Number of years Nominee has worked at Tulane School of Medicine:**

**Tulane School of Medicine's Mission:**

*"We improve human health and foster healthy communities through discovery and translation of the best science into clinical practice and education; to deliver the highest quality patient care and prepare the next generation of distinguished clinical and scientific leaders."*

***Please complete this nomination form and email it to  
SOMawards@tulane.edu by the January 27th deadline.***

***Supporting documentation, as noted below, can be submitted with the  
nomination form, but no later than February 24, 2025.***

- \* Nominee's CV**
- \* Nominee's bio sketch (research nominees) or executive summary (Associate Professor or higher); maximum 2-pages**
- \* Letter(s) of support/recommendation for Nominee: unless otherwise specified in award criteria, 1 letter per nominee is required; up to 3 will be accepted for review. These letters must include how the nominee meets the award criteria. Please review nomination criteria and required supporting material before submitting.**