



London Health Sciences Centre

Southwest Ontario Regional Base Hospital Program

**Medical Directors Award of Excellence
Nomination Form**

Name of Paramedic Being Nominated

Date

yyyy-mm-dd

Name of Individual Submitting Nomination

Email

Name of Service Operator Approving Nomination

Service

Which criteria, as outlined in the description of the award apply to this nomination?

Briefly describe (no more than 250 words) the actions taken by the paramedic, and your rationale as to why he/she is deserving of the Medical Directors Award of Excellence. Please include, if appropriate, the ACR run number to allow for cross reference of specific clinical information for review by the Medical Director review team. Please do not include any personal patient identifiers.

Thank you for nomination of your colleague in consideration for the Medical Directors Award of Excellence.
Please email this completed form to catherine.prowd@lhsc.on.ca