School of Medicine Alumni Award Nomination Form

☐ DISTINGUISHED ALUMNI AWARD
Presented in recognition of an outstanding alum whose work has made a significant mark in the field of medicine and whose efforts have brought about distinction for the CWRU School of Medicine.

☐ THE CLIFFORD J. VOGT, M.D. ’34 ALUMNI SERVICE AWARD
Presented to an alum who best emulates the spirit of Dr. Vogt in unselfish devotion of time and activities that have benefited the CWRU School of Medicine.

☐ SPECIAL BOARD OF TRUSTEES SERVICE AWARD
Presented to individuals who have made extraordinary contributions to the field of medicine and who have provided notable service to the School of Medicine. This award is not limited to alumni, nor is it necessarily given on an annual basis.

☐ HONORARY ALUMNUS OF THE YEAR
Presented to an individual who is not a graduate of the School of Medicine. Nominees must have a distinguished career spanning 20+ years at the university, must be a national leader in his or her specialty, should hold other awards from national societies, and should have extensive publication history. Preferred nominee could have served on a NIH committee (added plus) and must be recognized as a physician scientist. Alternatively, outstanding physician clinician educators who may have received a distinguished teaching award are excellent candidates for this award.

Please check award title above.
Nominee________________________________ Affiliation or Class Year_____________________
Title and Organization (if applicable) ______________________________________________________
Work Phone ________________ Home / Cell Phone________________
Email Address ______________________________________________

Please submit a note of accomplishments that make nominee worthy of this distinction. (500 words or less)

____________________________________________________________________________________

Nominated by________________________ Affiliation or Class Year_____________________

Please complete a form for each nominee and return to:
CwRU School of Medicine
Attn: Awards Committee
10900 Euclid Avenue
Cleveland OH 44106-4923

or submit your nomination by email to somalumni@case.edu or by fax to 216-368-2828