



Peter B. R. Allen Lifetime Achievement in Health Award Nomination

The information provided below is collected for the purposes of the nomination process for the Peter B.R. Allen Lifetime Achievement in Health Award. It is being collected under the authority of section 33 of the Freedom of Information and Protection of Privacy (FOIP) Act and will be managed in accordance with the FOIP Act. If you have any questions about this collection, please contact the Research and Innovation Branch: health.innovation@gov.ab.ca.

1. Nominee Contact Information

First Name	Last Name	Title
E-mail Address	Phone	Mailing Address

2. Nominator Contact Information

First Name	Last Name	Title
E-mail Address	Phone	Mailing Address

Relationship to Nominee (e.g., colleague, mentor/ mentee, patient)

3. Award Criteria

It is recommended that you complete your answers in another word processing application and then cut and paste your responses to have a record of your nomination, and to avoid any chance of losing your work. Maximum word count per criterion is 1,000 words.

Please describe the nominee's strong connection to the healthcare community in Alberta throughout their career.

Please describe the nominee's contributions and their lasting impact on Alberta's healthcare system in the province.

Please describe the nominee's demonstration of leadership that focused on empowering and uplifting those who work on their teams.

Please describe the nominee's mentorship of emerging members of Alberta's health care and/or health-related research.

Please describe other relevant attributes of the nominee that support this nomination, including your nominee's roots to Alberta, their community and deep appreciation for the province, its nature and people.

4. Supporting Documents

Please submit the following to support your nomination

Two letters of support

Nominee's resume

Letters of Support

First Name

Last Name

E-mail Address

Phone

Relationship to Nominee (e.g., colleague, mentor/ mentee, patient)

First Name

Last Name

E-mail Address

Phone

Relationship to Nominee (e.g., colleague, mentor/ mentee, patient)

5. Submit Your Nomination Package

E-mail your nomination package to: health.innovation@gov.ab.ca

or

Mail to:
Alberta Health
Research and Innovation Branch
19th Floor, ATB North
10025 Jasper Ave. NW
Edmonton, AB, T5J 1S6

Please specify **Peter B. R. Allen Lifetime Achievement in Health Award Nomination** in the e-mail subject line or on the mailing envelope and ensure the nominee's last name is in the attachment titles as specified below. Please include the following in your package:

- Nomination form for Nominee Name
- First letter of support for Nominee Name
- Second letter of support for Nominee Name
- Resume for Nominee Name

If you have any questions, please direct them to health.innovation@gov.ab.ca