



**University of Arkansas for Medical Sciences  
College of Health Professions  
Faculty Excellence Awards Nomination Form**

**Nominator's Name:** \_\_\_\_\_

**Nominator's Status:** Faculty \_\_\_\_\_ Staff \_\_\_\_\_ Student \_\_\_\_\_

**NOTE:** Nominations for Service Award may come from faculty, staff or students.

Nominations for Teaching Award may come from faculty or students.

Nominations for Scholarship Awards may come from faculty or students. If the nomination is from a student, the Department Chair/Program Director from the nominee's department must indicate their approval by signing this nomination form.

**Nominee's Name:** \_\_\_\_\_

**Nominee's Department:** \_\_\_\_\_

**Category of Nomination:**

Service \_\_\_\_\_ Teaching \_\_\_\_\_ Scholarship-Jr Faculty \_\_\_\_\_ Scholarship- Sr Faculty \_\_\_\_\_

***For Teaching Award Only:***

**Nominee to list the six CHP courses most recently taught in which they were primary instructor**

Course Number and Title	Semester and Year

**Nominator's Signature:** \_\_\_\_\_

**Chair/Program Director's Signature:** \_\_\_\_\_  
(only required if nominator is Student for Scholarship Award)

**\*Nominee's Signature:** \_\_\_\_\_

\*Indicates nominee's approval of the correctness of the application and acceptance of the nomination for this award.