



Section A: Nominee Information, completed by the nominee

Nominator Full Name: _____

Title & Organization: _____

Phone Number: _____

Email Address: _____

Education/Credentials: _____

Area of Ophthalmology Practice: _____

Areas of Special Interest: _____

Section B: Nominator and Endorsement, completed by the nominator

Nominator Full Name: _____

Title & Organization: _____

Phone Number: _____

Email Address: _____

Date of Nomination: _____

Nominee Full Name: _____

How long has Nominator known
Nominee: _____

Reason for nomination:

Specific examples that show nominee's skills and contributions:

Reason why nominee would be the best choice for this award:

Include written testimonials from two additional persons who can attest to the value and impact of the nominee's achievements (signed and dated)

Closing date for nominations is March 31, 2025, at 5:00 pm (EST). Please submit your completed nomination form to dmaberley@toh.ca

Section C: Completed by the Nomination Coordinator upon submission of form

Date nomination received: _____

Confirmation – all sections complete: _____

Nomination assigned for review by Award Committee: _____

Nomination reviewed by Award Committee: _____

Successful: _____

Unsuccessful – keep on file for future: _____