



**MGH INSTITUTE**  
OF HEALTH PROFESSIONS

**Faculty Award for Excellence in Research  
Nomination Form**

Deadline for nominations is February 1.

**1) Name, Title, School/Dept of Nominee:**

**2) Please tell us why you are nominating this individual in the box below. We are looking for approximately 250 words that tell us why they deserve this research award. Provide specific examples that address the award criteria. Nominees will be evaluated based on the scope and impact of their research programs and their contributions to the research mission of the IHP.**

**3) Attach the nominee's CV, digital copies of up to 4 publications, and a brief paragraph illustrating the nominee's influence over the research in his or her field.**

Submitted by:

Name:

Phone:

E-mail: