

***Mayo Clinic School of Health Sciences Alumni Association  
Champion of Allied Health Nomination Form***

***Please print or type and return this form along with supporting materials to the address below by **January 31** of the award year.***

Nominator Information

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Email address \_\_\_\_\_

Nominee Information (if different)

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Email address \_\_\_\_\_

Each nomination packet must include:

- Completed Nomination Form
- Letter of nomination (Nominations can focus on one or more areas of accomplishment – include specific examples)
- Copy of CV

**Send nomination to:**

Mayo Clinic Alumni Center  
Siebens 5  
200 First Street, SW  
Rochester, MN 55905  
Tel: (507) 284-2317  
Fax: (507) 538-7442  
Email: [mshsaa@mayo.edu](mailto:mshsaa@mayo.edu)