The following documents are required for nomination:

* This form, retained in Word format (not as a PDF)
* A brief and up-to-date NIH-style biosketch (new or old format accepted).

Nominations must be submitted by ASCI members [through their member accounts](https://www.the-asci.org/controllers/asci/LoginController.php)

**Nominator’s information (nominator must be an ASCI member)**

First name: [Information here] Last name: [Information here]

Institution: [Information here]

Email: [Information here] Phone: [Information here]

Relationship to the nominee: [Information here]

**Nominee’s information**

First name: [Information here] Last name: [Information here]

Previously nominated? [Yes, no, not sure]

Gender: [Information here]

Nominee is among an underrepresented racial / ethnic group or has a disability: [Yes, no, not sure]

Date of birth: [Information here]

Ethnicity: [Information here]

Institution: [Information here]

Street address: [Information here]

City, State, ZIP/Postal Code: [Information here]

Country: [Information here]

Email: [Information here] Phone: [Information here]

Medical degree or equivalent obtained (MD, etc.): [Information here]

Year: [Information here] Specialty: [Information here]

Date of first faculty appointment (preferably within the past 5 years): [Information here]

Funding mechanism: [Information here]

*Funding must be current (not recently expired or expiring before April 2021, or start date of April 2021 or later).*

* Allowed: NIH K awards (except those noted below) and intramural funding; AHRQ K awards; VA Career Development Awards; CIHR Clinician Scientist Award Phase 1 and 2; other foundation (e.g., Doris Duke Charitable Foundation, Burroughs Wellcome Fund) or society-sponsored career-development awards.
* Not allowed: NIH R01, P01, K12, or KL2.

Grant number: [Information here]

Summary of accomplishments (in the nominator’s own words, 250 words or fewer):

[Information here]

**Additional information (optional)**

Is there another ASCI member, who is not at the same institution, who would be willing to be contacted regarding the nominee if questions arise during review?

First name: [Information here] Last name: [Information here]

Institution: [Information here]

Email: [Information here] Phone: [Information here]