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**CANADIAN COLLEGE OF HEALTH LEADERS**

**Eastern Ontario Chapter**

[**Award for mentorship**](http://www.cchse.org/EasternOntario.asp?active_page_id=3788)

**NOMINATION FORM**

|  |  |
| --- | --- |
| **Name of nominee** |  |
| Title |  |
| Organization |  |
| Address |  |
| Telephone number |  |
| Email address |  |
| Number of years as a mentor |  |

**Instructions:**In a separate document, please provide a brief description outlining how the candidate has made a substantial contribution to healthcare mentorship within their own organization and/or within the health system. (Maximum words: 750)

|  |  |
| --- | --- |
| **Nominated by** |  |
| Title |  |
| Organization |  |
| Address |  |
| Telephone number |  |
| Email address |  |
| Member of CCHL (please circle) | Yes No |

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Signature of the Nominator Date

*Nominations must be received by* ***April 30th, 2021***

*Submissions should be made to cchleoc@gmail.com.*