



# *Mayo Clinic Distinguished Alumni Award*

## *Selection Criteria*

- Nominees must be members of the Mayo Clinic Alumni Association: Trained as residents or fellows in Mayo School of Graduate Medical Education, graduates of Mayo Medical School or Mayo Graduate School, members of Mayo Clinic staff, or emeritus Mayo Clinic staff.
- Mayo staff are ineligible unless retired or 70 years of age or older.
- Recipients must be able to attend the Mayo Clinic Award Presentation, usually held in October.
- The criteria to be taken into consideration when selecting your nominee include:
  - National or international peer recognition of accomplishments in education, research, clinical practice or administration
  - Strength of scientific discovery and publications
  - Sustained leadership in their fields
  - Community service
  - Professional and personal integrity

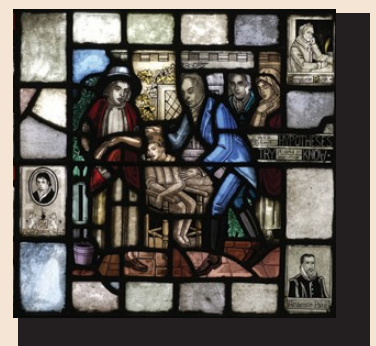
The selection committee will be coordinated and supervised by the Mayo Clinic Executive Dean for Education and the Mayo Clinic Alumni Association.

## *Instructions*

- Each alumnus/alumna of the Mayo Clinic Alumni Association may nominate one candidate each year. Individuals may resubmit the name of a previously nominated candidate.
- The nomination packet must include a letter of nomination, curriculum vitae, bibliography and at least three but no more than five support letters are recommended; they do not need to be written by Mayo alumnus/alumna.
- Individuals nominated during the previous three years will be automatically considered and no additional supporting documents are needed. To learn if a potential nominee has been previously nominated in the past three years, inquire at the contact information listed below.

Nomination letters should be addressed to Executive Dean for Education and mailed to:

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





# Mayo Clinic Distinguished Alumni Award Nomination Form

Please print or type and return this form along with supporting materials to the address below.

## Nominator Information

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

## Nominee Information

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

### *Each nomination packet must include:*

- Letter of nomination (Please describe in detail how this nominee meets the criteria)
- Curriculum vitae and bibliography
- Supporting letters (at least three, no more than five)

### Supporting letters from:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**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: [mayoalumni@mayo.edu](mailto:mayoalumni@mayo.edu)