

# Mayo Clinic Distinguished Alumni Award

## SELECTION CRITERIA FOR 2024

- Nominees must be living members of Mayo Clinic Alumni Association: Trained as residents or fellows in Mayo Clinic School of Graduate Medical Education, graduates of Mayo Clinic Graduate School of Biomedical Sciences or Mayo Clinic Alix School of Medicine, members of Mayo Clinic staff, or emeritus Mayo Clinic staff.
- Award recipients are expected to attend the black-tie award celebration.
- Mayo staff are ineligible unless retired or age 70 or older.
- Criteria to be taken into consideration when selecting nominees 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 is coordinated and supervised by the Mayo Clinic executive dean for education and Mayo Clinic Alumni Association.

## INSTRUCTIONS

- A Mayo Clinic Alumni Association alum may nominate one candidate each year or resubmit the name of a previously nominated candidate. Individuals nominated the previous year will be considered automatically. To learn if someone has been nominated previously, inquire at the contact information at right.
- The nomination packet must include a letter of nomination, curriculum vitae, bibliography, and three to five support letters (they do not need to be written by Mayo alumni).

## NOMINATION DEADLINE



**March 1, 2024**

Submissions due

- Send nomination letters to Fredric B. Meyer, M.D.  
Executive Dean for Education

Mayo Clinic Alumni Center, Siebens 7  
200 First Street, SW  
Rochester, MN 55905  
Phone: 507-284-2317  
Fax: 507-538-7442  
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 by March 1, 2024.

## NOMINATOR INFORMATION

(Nominator must be a Mayo Clinic alum)

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Email \_\_\_\_\_

## NOMINEE INFORMATION

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Email \_\_\_\_\_

### Each nomination packet must include:

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

#### Supporting letters from:

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_

**Send nomination to:** Email: [mayoalumni@mayo.edu](mailto:mayoalumni@mayo.edu)  
Fax: 507-538-7442  
Mail: Mayo Clinic Alumni Center  
Siebens 7  
200 First Street, SW,  
Rochester, MN 55905  
Phone: 507-284-2317

[mayoclinic.org](http://mayoclinic.org)

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