

**SONOGRAPHY CANADA AWARDS**

**Fellowship Award Nomination Form**

Name of Nominee: _____
Phone Number: _____
E-mail: _____

Name of Nominator: _____
Phone Number: _____
E-mail: _____

Category(ies) under which nomination is made (may be nominated for achievements in more than one category):

Education      Professional service      Patient Relations      Research  
Professional Advocacy      Student Preceptorship      Sonographer Preceptorship

**Submission Instructions**

The nomination must be submitted as a downloadable Word or PDF attachment.

Nomination should clearly describe the achievements/contributions of the nominee and must be accompanied by 2 letters of support from active Sonography Canada members.