



## **SONOGRAPHY CANADA AWARDS**

### **Award for Outstanding Mentorship Nomination Form**

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

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

1. How has this individual inspired you?

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2. How has this individual contributed to your body of knowledge and expertise in the profession of sonography?
3. How has this individual's support provided opportunities that you may not have otherwise explored?
4. Do you see these attributes of mentorship influencing others in your community of practice? Please provide examples.