



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.

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