Nomination Form - 2020 Postdoctoral Excellence in Mentoring Award Sponsored by the Johns Hopkins School of Medicine Office of Postdoctoral Affairs Self-Nominations are permitted.

Nominee's full name:
Nominee's email address:
Nominee's PI/program director:
Nominee's department:
Nominator's name:
Nominator's email address:
Year nominee began fellowship at Johns Hopkins:
For the nominator: Write a short (500 words maximum) explanation of why this postdoctoral fellow meets the criteria of the award. Please include a summary of the nominee's mentoring activities (number of mentees, duration the nominee has served as a mentor, and positive outcomes resulting from the nominee's mentoring), a description of the activities and characteristics that makes the nominee an outstanding mentor, how the nominee provides guidance (career, work/life balance, laboratory skills, writing, etc.) to mentees, and how the nominee endorses inclusivity and equality in their mentoring efforts.

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For the Nominee: F accomplishments that	t occurred bec	ause of your m	eir ievei (e.g., nentorship.	, undergraduate	student,	laboratory	technician,	etc.),	and
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For the nominee	[Required]:								
By clicking	this box, I ce	rtify that I hav	/e informed n	ny Pl/program o	director o	f my nomir	nation for th	is awa	ard
and have r	eceived their	endorsement	t of my consid	deration to rece	ive it.	•			