

**NOMINATION FOR
2009-2010 IRMA BLAND AWARD FOR EXCELLENCE IN TEACHING RESIDENTS**

*Completed Cover Form Must Be Submitted With Each Nomination
Incomplete Form Will Delay Review*

NOMINEE: _____

APA MEMBER #: _____

NOMINATING RESIDENCY PROGRAM: _____

NUMBER of YEARS NOMINEE HAS BEEN TEACHING
AT NOMINATING RESIDENCY PROGRAM: _____

NOMINATED BY: _____

CHAIRPERSON ENDORSEMENT:

Chairperson Signature over Name

Please circle category of nominee: SALARIED* VOLUNTARY*

* Salaried Any faculty members paid by the Medical School
or Affiliated Hospital or any other source for time
spent teaching students (e.g.: state, VA, etc.)

* Voluntary Any faculty members who are NOT paid by the Medical
School or Affiliated Hospital or any other source for
Time spent teaching students (e.g.: private practice)

Please complete this form and return along with a letter of nomination and nominee's curriculum vitae by **November 1, 2009** to:

IRMA BLAND AWARD
AMERICAN PSYCHIATRIC ASSOCIATION
OFFICE OF GRADUATE AND UNDERGRADUATE EDUCATION
1000 WILSON BLVD, SUITE 1825
ARLINGTON, VA 22209

