

**MICHELLE HARKNESS MENTORSHIP AWARD**  
**2019-20 COMPETITION**

**CATEGORY 2A: MENTORING EXCELLENCE - INVESTIGATOR**  
**NOMINATION FORM**

**1. NOMINEE Information**

<b>Last Name</b> (family name)			
<b>Given Name(s)</b>			
<b>Title and Institution/Organization</b>			
<b>Address</b>			
<b>Email</b>		<b>Telephone</b>	
<b>Relationship to AllerGen NCE Inc.</b> (if applicable)			

**2. Primary NOMINATOR Information**

<b>Last Name</b> (family name)			
<b>Given Name(s)</b>			
<b>Title and Institution/Organization</b>			
<b>Address</b>			
<b>Email</b>		<b>Telephone</b>	
<b>Relationship to AllerGen NCE Inc.</b> (if applicable)			
<b>Relationship to the Nominee</b>			
<b>Primary Nominator's Signature</b>			
<b>Date</b>			



### 3. Demonstrated Mentoring Behaviours

Describe the mentoring behaviours of the nominee. Use 11pt Arial Font and limit your response to the space provided. Refer to the *MHMA Program Guide* for examples.



#### 4. Duration and Scope of Mentoring Efforts

Describe the duration and scope of the mentoring efforts that the nominee has demonstrated. Use 11pt Arial Font and limit your response to the space provided. Refer to the *MHMA Program Guide* for examples.



## 5. The “Michelle Criterion”

Provide evidence of the nominee’s altruistic investment in the people around him/her. Use 11pt Arial Font and limit your response to the space provided. Refer to the *MHMA Program Guide* for examples.



## 6. Signatories

Provide a minimum of two additional signatories to a maximum of 10 signatories (including primary nominator) in total to support the nomination.

\_\_\_\_\_  
1. Primary Nominator:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
2. Secondary Nominator:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
3. Tertiary Nominator:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
4. Name:

\_\_\_\_\_  
Date:

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5. Name:

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Date:

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6. Name:

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Date:

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7. Name:

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Date:

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8. Name:

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Date:

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9. Name:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
10. Name:

\_\_\_\_\_  
Date:

