



**NANCY C.A. ROESKE, M.D. CERTIFICATE  
OF RECOGNITION FOR EXCELLENCE IN MEDICAL EDUCATION**

**CHAIRPERSON ENDORSEMENT FORM**

To Whom It May Concern:

I, \_\_\_\_\_, hereby nominate \_\_\_\_\_  
*(insert chairperson name)* *(insert nominee's name)*

for the 2023 Nancy C.A. Roeske Award, representing \_\_\_\_\_.  
*(insert institution name)*

Please choose category of nominee:    Salaried or    Voluntary

Signed,

\_\_\_\_\_