



**IRMA BLAND, MD AWARD 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 Irma Bland, MD representing _____.
(insert institution and program name)

Please choose category of nominee: Salaried or Voluntary

Signed,
