Duke Medical Alumni Association

MEDICAL ALUMNI COUNCIL
Nomination Form

NOMINEE INFORMATION

DATE:

Name: Phone:

Email: Mailing Address:

Specialty:

Relationship to Duke University School of Medicine (include class years):

1. List nominee's volunteer involvement, both/either Duke-related and community:

2. What special skills and expertise would the nominee bring to the council?

3. Other comments:

NOMINATOR INFORMATION

Name: ☐ Self Nomination

Email: Phone:

Relationship to Duke University School of Medicine (include class years):

NOMINATION REQUIREMENTS

Submit the following to **jennifer.l.turner@duke.edu** by September 1 for consideration to join the council the following year.

(1) Nomination Form

(2) Nominee's CV and/or bio-sketch *(if available)*

(3) Any letters of support or other relevant information