La Fondation de l'Hôpital de Montréal pour enfants

PRIX D'EXCELLENCE 2027

AWARDS OF EXCELLENCE

The Montreal Children's Hospital Foundation

NOMINATION FORM

Deadline: Thursday, December 31, 2026

NAME OF NOMINEE		
TITLE	**DEPARTMENT**	**YEARS OF SERVICE**
NOMINEE EMAIL		**TELEPHONE (DAY)**
NAME OF SPONSOR/NOMINATOR		
TITLE	**EMAIL**	**TELEPHONE (DAY)**

Endorsers are a candidate's peers or other members of the MCH personnel who support the candidate's nomination for an Award of Excellence. The sponsor/nominator must be a different person from the endorsers.

NAME OF FIRST ENDORSER		
TITLE	**EMAIL**	**TELEPHONE (DAY)**
NAME OF SECOND ENDORSER		
TITLE	**EMAIL**	**TELEPHONE (DAY)**

AWARD CATEGORY

Please refer to the selection criteria and enter this nomination in the appropriate category:

- ☐ **Administrative, Clinical and Technical Support Staff**
- ☐ **Medical**
- ☐ **Nursing**
- ☐ **Professional Staff**
- ☐ **Research**
- ☐ **Teamwork**
- ☐ **Community Leadership and Volunteer**
- ☐ **Nicolas W. Matossian Junior Community**

You may include the nominee's CV or a short bio, should you feel it would strengthen the nomination.

To submit an application and obtain more information, please write to: prix@mchf.com.

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TO COMPLETE THE NOMINATION PACKAGE, PLEASE ANSWER THE FOLLOWING QUESTIONS:

Please refer to the selection criteria to support your answers.

Note: The word “nominee” also represents the team nominated in the Teamwork category.

What makes this nominee stand out among their peers?

Describe the impact of the nominee’s work on patients or the Hospital.

Provide examples of how the nominee has distinguished themselves in service to the Hospital and its patients.

Describe the nominee’s work to promote the Hospital and its services to children, locally or globally, if applicable.