



Last date for submission of proposals:

KENTUCKY INSTITUTE OF MEDICINE ELECTION 2008-09

This form, CV and sponsor/co-sponsor statements will provide the only information used in the election process for your nominee. This form MUST be completed, typewritten (10pt. font or larger) and SIGNED by the two *KIOM* sponsors.

Candidate's Name: _____

(Type or print first name, middle initial, last name, earned degrees)

Sponsor signature: _____

Sponsor name (typed): _____

Sponsor affiliation: _____

Co-sponsor signature: _____

Co-sponsor name (typed): _____

Co-sponsor affiliation: _____

CANDIDATE INFORMATION:

PRIMARY EMPLOYMENT POSITION AND INSTITUTION (include mailing address, phone, FAX numbers and email address):

PRINCIPAL PREVIOUS POSITIONS HELD (include dates):

EDUCATION (institutions, degrees, years, and major disciplines, do no include honorary degrees):

PRINCIPAL HONORS, AWARDS, CURRENT MAJOR GRANT (if latter is applicable):

MAJOR NATIONAL LEADERSHIP POSITIONS, SOCIETIES AND BOARDS:

CONTRIBUTION TO THE HEALTH OF KENTUCKY:

CITATION OF MOST IMPORTANT ACCOMPLISHMENT:

SPONSOR AND CO-SPONSOR STATEMENT (separate or joint statements, 200 word maximum total, letter can be attached with nomination):

ATTACH CV, OR BIOGRAPHICAL DATA