#### University of Missouri-Columbia School of Medicine

## 2025 Jane Hickman Teaching Award

#### **CONSENT TO NOMINATE FORM**

The Jane Hickman Award historically is the highest recognition of excellence in medical student teaching at the University of Missouri-Columbia School of Medicine. Information on the criteria and selection process for this award is attached. A copy of this form should be used as the cover sheet for the nomination packet.

#### **Timeline:**

- 1. The original nomination consent form, signed by the nominator and nominee, should be uploaded to the link provided in the originally announcement. If no link is available, please forward to Sharree Rose by April 4<sup>th</sup>, 2025, 5:00pm.
- 2. The nomination packet must be submitted by April 4th, 2025, 5:00 pm.
- 3. Award recipient announced at the Honors and Awards ceremony on May 16<sup>th</sup>, 2025.

# **NOMINATION:**

nominate for 2025 Jane Hickman Award and will forward a complete nomination.		for the
Nominator's Signature:		
Printed Name:	_	
Nomination Date:		
Department:		
Office Address:		
Phone:		

Evidence of teaching quality is a requirement for the nomination. If the nominee agrees, the Associate Dean for Curriculum and Assessment will provide a summary of the nominee's medical student teaching evaluations.

### **NOMINEE CONSENT:**

I accept the nomination and give my permission to have my teaching credentials reviewed by the 2025 Jane Hickman Teaching Award Selection Committee.

Nominee's Signature:	
Printed Name:	
Consent Date:	
Department:	
Office Address:	
Phone:	
medical student teaching Committee. I understand	Dean for Curriculum and Assessment to provide a summary of my evaluations to the 2025 Jane Hickman Teaching Award Selection that I will be provided an opportunity to review the summary and warded to the Hickman Award Selection Committee.
Nominee's Signature:	
Printed Name:	
Consent Date:	
	ny department to provide medical student teaching evaluations to the culum and Assessment for the purpose of providing a summary to the hing Award Committee.
Nominee's Signature:	
Printed Name:	
Consent Date:	

Please upload to the link provided. If no link is available, please forward to Sharree Rose, rosesn@health.missouri.edu by April 4<sup>th</sup>, 2025.