# Society for Academic Emergency Medicine

# 2019 Excellence in Emergency Medicine Award

**Submit to:**
SAEM Excellence Awards
1111 East Touhy Avenue Suite 540
Des Plaines, IL 60018

Or via email to: membership@saem.org

**Please type form**

**SAEM is not responsible for typographical errors due to handwritten submissions. Form must be submitted four weeks prior to the date the certificate is required.**

## Certificate Details

Name of Medical School: *(full name of Institution and/or program)*

Medical Student: *(full name of recipient, exactly as it should appear)*

Date on Certificate: *(i.e., graduation date: May 30, 2019/May 2019)*

## Recipient Details *(Required for SAEM membership profile, personal/home details preferred)*

Student Mailing Address

*(address)*

*(city, state, zip code)*

Student Phone *(cell preferred/xxx.xxx.xxxx)*

Student Email *(personal email address preferred)*

## Institution Details

Course Coordinator/Submitter Name

Course Coordinator/Submitter Email

Course Coordinator/Submitter Phone

Course Coordinator/Submitter Signature

Course Coordinator/Submitter Address

*(address1)*

*(address2)*

*(city, state, zip code))*

Date Required

*(allow up to 4 weeks via USPS first class mail)*

Mail certificate to ☐ Coordinator/Submitter or ☐ Student

Dean Name

Dean Signature