



# Clerkship Directors in Emergency Medicine 2024 Resident Teacher Award

## Submit to:

SAEM/CDEM

1111 East Touhy Avenue Suite 540

Des Plaines, IL 60018

Or via email to: [awards@saem.org](mailto:awards@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)*

Resident Award Winner: *(full name of recipient, exactly as it should appear)*

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

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

Resident Mailing Address

*(address)*

*(city, state, zip code)*

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

Resident Email *(personal email address preferred)*

## Institution Details

Course Coordinator/Submitter Name

Course Coordinator/Submitter Email

Course Coordinator/Submitter Phone

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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

or

Coordinator/Submitter

Resident

Program Director Name

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Program Director Signature