



Clerkship Directors in Emergency Medicine 2019 Resident Teacher Award

Submit to:

SAEM/CDEM
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)*

2019 Resident Winner: *(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)*

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	
Course Coordinator/Submitter Address	_____
	Course Coordinator/Submitter Signature
	<i>(address1)</i>
	<i>(address2)</i>
	<i>(city, state, zip code))</i>
Date Required <i>(allow up to 4 weeks via USPS first class mail)</i>	Mail certificate to _____ or _____
	Coordinator/Submitter Resident
Program Director Name	_____
	Program Director Signature