



Society for Academic Emergency Medicine 2023 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