

**The Noelle Lamb Award for Excellence in Clinical Education  
– Audiology**

**Nomination Form**

Name of Nominee: \_\_\_\_\_

Work Site and Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Nominated by: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_  
Nominator's Signature

\_\_\_\_\_  
Date

Nominator: Please attach a letter in support of this nomination, noting your relationship to the nominee. Support from individuals other than yourself are not required but may be included.

**Nominations will be received at any time.**

Please press "Submit" on the form below,  
or Email it to: [director.assistant@audiospeech.ubc.ca](mailto:director.assistant@audiospeech.ubc.ca)

**If you prefer, it can also be faxed or mailed to:**

Clinical Faculty Awards Committee  
University of British Columbia  
School of Audiology and Speech Sciences  
Friedman Building  
2177 Wesbrook Mall  
Vancouver BC V6T 1Z3  
Fax: 604-822-6569