# Innovator Award Nomination Form

**Nomination Process**

1. Any current MASCC member (including self-nomination) may nominate an individual for the Innovator Award.
2. A nomination package should be submitted to events@mascc.org that includes the following:
* Nomination Form.
* No less than one (1) but no more than four (4) letters of support by MASCC members, including at least one (1) an endorsement by a MASCC Study Group Leader and/or MASCC Board Member.
* Any relevant documentation to support the innovations discussed.
* Up-to-date resume / CV.
1. Nomination package must be received by the designated due date.

**Selection Process**

1. A call for nominations will be published on the MASCC website and via email to all members.
2. All nominations will be reviewed by the MASCC Awards Committee. Nominations will be considered based on (1) novelty of research, (2) level of contribution, (3) impact of work, and (4) quality of work.
3. The MASCC Awards Committee will select the award recipient based on the nominee’s contributions to innovative changes, practices, or services in supportive care in cancer within the past two (2) years.
4. There will be only one (1) recipient of the Innovator Award per year. Awards will be based on the merits of each individual nominee.
5. The award recipient will be notified by email.
6. An award may not be presented if there are no qualified submissions in a given year.

**Information about the Nominator – You may nominate yourself**

|  |  |
| --- | --- |
| Full Name: |  |
| Preferred Title: (ex. Prof, Assoc Prof, Dr, etc.) |  |
| Email: |  |
| Study Group/Subgroup Memberships: | 1)2)3) |

**Information about the Nominee – Nominees must be a MASCC member in good standing**

|  |  |
| --- | --- |
| Full Name: |  |
| Preferred Title: (ex. Prof, Assoc Prof, Dr, etc.) |  |
| Current Position, Affiliation/Organization: |  |
| Country: |  |
| Email: |  |
| Study Group/Subgroup Memberships: | 1)2)3) |
| Please provide details about the nominee’s contribution to innovative research, initiatives, and/or programs related to supportive cancer care (may be related to MASCC or outside MASCC). Contributions will be assessed based on novelty and potential impact.  |
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**Additional Attachments**

|  |  |  |  |
| --- | --- | --- | --- |
| Attached Letters of Support: | Yes / No | Number of Letters: |  |
| Attached Supporting Documentation: | Yes / No | Titles of Documentation: |  |