



ACSI Translational Medicine Award of the Year

Award Description

To recognise clinician scientist, scientist & researcher from NHG and LKC who have made outstanding contributions in the advancement of scientific research and knowledge, in field of translational, clinical and population health. The individuals should also demonstrate consistent track record for excellence in research.

Award Value

\$1,000

Eligibility Criteria

- 1) The individual must be a clinical scientist / scientist / researcher, with primary employment with NHG institutions or LKC Medicine.
- 2) Outstanding track record in research.

Application Guidelines

- 1) Use **Calibri font size 12** for all text, single line spacing.
- 2) All fields in the forms must be completed. Indicate “**NA**” where a particular field is not applicable. Incomplete forms will be returned for further clarification, which may delay processing.
- 3) A CV for each person is to be submitted together with this form, to further elaborate on the achievement/contributions.
- 4) The information provided in this form will be used for award/publicity purposes.
- 5) Completed nomination form & CV must be submitted to Academy of Clinician Scientists & Innovators (ACSI) lkcmeh-nhg.acis@ntu.edu.sg.

1. DETAILS OF NOMINEE

Salutation: Full Name:	Designation:
Institution:	Department / Unit / Polyclinic:
Contact No.:	Email:
Office Mailing Address:	

2. NOMINATION WRITE-UP & GUIDELINES

Please append the write-up with this form. The write-up should be concise and not exceed 3 pages.

S/N	Items
1	<p><u>Contributions made towards generation of scientific knowledge.</u></p> <p>List down instances whereby the nominee has contributed significantly in:</p> <ol style="list-style-type: none">Leveraging on research to address clinical needs/gaps.Introducing novel methods to improve healthcare services and outcomes.Demonstrating leadership to front and coordinate research efforts in his/her field of specialty.Providing guidance to peers and juniors alike
2	<p><u>Significance and/or potential impact of scientific contributions</u></p> <p>Elaboration of how the nominee's work would make impact on the following levels:</p> <ol style="list-style-type: none">At patient or subject's personal level.At the nominee's institution/school level.At the population or national level
3	<p><u>Track Record of Research Outcomes</u></p> <p>List Research grants/awards, publications, patents, licensing and/or collaborations in the past 5 years; Any other supporting documents such as notable media coverage.</p>

3. DETAILS OF PROPOSER

Salutation: Full Name:	Relationship to Nominee:
Designation:	Contact No.:
Institution:	Email:
Remarks:	E-Signature:

4. ENDORSEMENTS

Endorser 1 (Min. Head of Department or Equivalent)	
Salutation: Full Name:	
Designation:	Contact No.:
Institution:	Email:
Remarks:	E-Signature:
Endorser 2 (Min. Director of Research or Equivalent)	
Salutation: Full Name:	
Designation:	Contact No.:
Institution:	Email:
Remarks:	E-Signature:

-END OF FORM-