

MTAM Mentor of the Year Award

Award Description

The MTAM Mentor of the Year Award is presented to an MTAM Member who goes above and beyond to make a real difference in the professional or academic life of their MTAM colleagues. Nominees may be part of a formal or informal mentoring relationship. They may be an assigned mentor or anyone else – a clinic owner, employer, co-worker or other MTAM colleague – who has done an outstanding job in meeting the below criteria.

Nomination Criteria:

- Practicing, Non-practicing, Retiree, Associate or Honourary Member of the MTAM in good standing
- Demonstrates a strong commitment to helping others grow
- Shows a willingness to share their experiences and knowledge
- Creates a climate that supports trust, openness, candor, and rapport
- Provides feedback that is honest, objective & constructive
- Understands the mentee's views and concerns while suspending personal judgment
- Takes a genuine interest in their mentee both personally and professionally
- Provides professional or academic guidance and helps in expanding the mentee's networks

Nominations

There will be a call for nominations made by the Board of Directors. All MTAM membership categories are able to nominate someone for this award (including Practicing, Non-practicing, Student, Retiree, Honourary and Associate)

Selection Process

The Membership and Elections Committee will review the nominations put forward through the call for nominations made by the Board of Directors. Once this process has taken place, the Membership and Elections Committee will put forward four (4) candidates who have been nominated to the Board of Directors for their review and selection.



MTAM Mentor of the Year Award Nomination Form

Nominator's information:	
Name:	
MTAM Number:	
Phone Number:	
Email Address:	
If you need to be contacted, what is the best time/method?	
Nominee's information:	
Name:	_
RMT Since:	
Tell us about the Nominee:	

Please list some reasons why you believe the Nominee is deserving of the Mentor of the Year Award:

I hereby attest that the statements and information provided above are complete and true to the best of my knowledge.

Signature of Nominator: ______
Date: _____

Submit your nomination to the MTAM Nominating Committee C/O the MTAM Executive Director