

**THE CECILE CLARDY SATTERFIELD AWARD  
FOR HUMANISM IN HEALTH CARE**

**SCHOOL OF HEALTH PROFESSIONS  
Nomination Form**

**Nominee:**

**Program:**

**UAB GPA:**

**Pre-SHP:**

**SHP Program:**

**Local address:**

**Permanent address (if different from local):**

**Phone:**

**Graduation date:**

**Nominator:**

**Relationship to nominee:**

**Program director name:**

**Signature:**

**Date:**

*I affirm that the nominee is/was in good academic standing relative to the graduation date listed above.*

\*A student can be nominated by a program director or faculty member, another student, a clinical supervisor or a patient.

\*\*Signature of program director verifies that this student is in good academic standing and eligible for graduation.

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