

Jane Hickman Teaching Award

CONSENT TO NOMINATE FORM

The Jane Hickman Award historically is the highest recognition of excellence in medical student teaching at the University of Missouri-Columbia School of Medicine. Information on the criteria and selection process for this award is attached. A copy of this form should be used as the cover sheet for the nomination packet.

NOMINATION:

I nominate _____ for the 2026 Jane Hickman Award and will forward a complete nomination.

Nominator's Signature: _____

Printed Name: _____

Nomination Date: _____

Department: _____

Office Address: _____

Evidence of teaching quality is a requirement for the nomination. If the nominee agrees, the Associate Dean for Curriculum and Assessment will provide a summary of the nominee's medical student teaching evaluations.

NOMINEE CONSENT:

I accept the nomination and give my permission to have my teaching credentials reviewed by the 2026 Jane Hickman Teaching Award Selection Committee.

Nominee's Signature: _____

Printed Name: _____

Consent Date: _____

Department: _____

I authorize the Associate Dean for Curriculum and Assessment to provide a summary of my medical student teaching evaluations to the 2026 Jane Hickman Teaching Award Selection Committee. I understand that I will be provided an opportunity to review the summary and comment before it is forwarded to the Hickman Award Selection Committee.

Nominee's Signature: _____

Printed Name: _____

Consent Date: _____

I authorize the Chair of my department to provide medical student teaching evaluations to the Associate Dean for Curriculum and Assessment for the purpose of providing a summary to the 2026 Jane Hickman Teaching Award Committee.

Nominee's Signature: _____

Printed Name: _____

Consent Date: _____

Please email the nomination/consent form and evaluation materials to:

Pete Ozias, OME Administrator oziasj@missouri.edu