



NOMINATION FORM

Society for Surgery of the Alimentary Tract Foundation
LAYTON F. RIKKERS, MD, MASTER CLINICIAN AWARD

The SSAT established the Layton F. Rikkers, MD, Master Clinician Award in 2013 to recognize an outstanding clinical surgeon. The award will be presented annually to a member of the SSAT who exemplifies excellence in clinical surgery.

Please use this form to nominate yourself or another candidate for the Rikkers Master Clinician Award. If you are nominating more than one individual, please submit one form per person.

This nomination is made by:

Name:
Organization:
Address:
City: State: Zip:
Country:
Telephone: Fax:
E-Mail:

The individual I am nominating for the Rikkers Clinician Award is: [ ] check this box if same as above

Nominee:
Nominee Title:
Organization:
Address:
City: State: Zip:
Country:
Telephone: Fax:
E-Mail:

The Nomination Form continues on the next page. In addition to submitting this completed form, each nomination must also include the following supporting documentation:

- 1. Curriculum Vitae or resume;
2. Summary of Relevant Activities (see next page of this form);
3. Primary letter describing the nominee's accomplishments in clinical surgery; and
4. An additional supporting letter from a colleague who can address the nominee's longitudinal contributions.

The Nomination Form continues on the next page. [hand icon pointing right]

**Layton F. Ridders, MD, Master Clinician Award  
Nominee:**

**Summary of Relevant Activities**

*Why do you believe this individual should be recognized and honored for his/her outstanding contributions to clinical surgery? You may attach additional sheets as needed.*

Nominations must be received by **February 3, 2018**.

Please e-mail this nomination form and all supporting documentation to [awards@ssat.com](mailto:awards@ssat.com); be sure to type **“Ridders Master Clinician Award Nomination”** in the subject line.

Alternatively, you may mail or fax this nomination form and all supporting documentation to:

SSAT  
500 Cummings Center, Suite 4400  
Beverly, MA 01915 USA  
Fax: (978) 524-0461