



**A Canadian Celebration of Excellence in Health
Research**

CIHR Gold Leaf Prize for Impact

Nomination Form

1. Nominee(s) information*

a. Name of nominee(s) and title:

b. Organization:

c. Address:

d. Telephone number:

e. E-mail:

2. Nominator information*

a. Name of nominator and title:

b. Organization:

c. Address:

d. Telephone number:

e. E-mail:

*Additional space for nominee(s) and/or nominator information is provided on the second page.



Nomination Form (*continued*)

1. Nominee(s) information (*additional space if needed*)

2. Nominator information (*additional space if needed*)

CIHR Gold Leaf Prize for Impact



Summary using language accessible to a lay audience describing the impact achieved by the nominee(s). (2000 character limit, including spaces)



Explanation of how the nominee(s) meet(s) the *Evaluation Criteria**. (9000 character limit, including spaces)

**Evaluation Criteria:*

1. Evidence of having translated health research for significant health, social and/or economic impacts.
2. Evidence of having translated research to substantially change health practices, policies or products that could lead to improvement in health or health systems.