



The Robert L. Moody Prize

For Distinguished Initiatives in Brain Injury Research and Rehabilitation

NOMINATION FORM

The purpose of the Moody Prize is to recognize and honor individuals or groups whose efforts have made significant contributions (1) toward advancing clinical research related to acquired brain injury, (2) toward developing improved treatment and rehabilitation procedures for persons who must contend with the disabilities associated with acquired brain disorders, and (3) toward increasing awareness of the need for the rehabilitation of individuals following brain injury. The award consists of a commemorative keepsake and an honorarium of \$10,000. More information is online at www.UTMB.edu/TLC/MoodyPrize. Completed form and endorsements are **due January 15** and should be sent to:

Judy Wolf
UTMB School of Health Professions
Office of the Dean
300 University Blvd.
Galveston, TX 77555-1028

NOMINATION CATEGORY

This nomination is for recognition in the category of: (check one)

- Advancing clinical research
- Developing improved treatment and rehabilitation procedures
- Increasing awareness of the need for the rehabilitation of individuals following brain injury.

CONTACT INFORMATION

Nominator:

Name: _____

Address: _____

Telephone: _____ Email: _____

Description of relationship to nominee: _____

Nominee

Name: _____

Address: _____

Telephone: _____ Email: _____

Professional Employment Affiliations of the Nominee

List the nominee's current professional employment affiliations and titles.

CITATION

Give a brief citation (thirty words or less) indicating the most salient reason the nominee is qualified for the prize:

QUALIFICATIONS**Narrative Justification for Prize**

In this section, please describe, in three pages or less, a cogent justification for the nominees' qualifications for the prize. Wherever possible, provide specific examples of accomplishments with supporting attachments. If the award is for research, attach reprints or abstracts and objective information on the impact of the work (e.g., number of times cited, recognitions, other awards, etc) indicating acceptance or recognition by qualified peers

Other Factors

If pertinent, list any other information that may bear upon the selection committee's decision that is not described in the narrative of qualifications.

List of Supporting Attachments

List supporting documentation, as applicable.

ENDORSEMENTS

This award requires at least three and no more than five endorsements. Please provide the names and addresses of your designated endorsers below. Note, endorsers cannot be perceived as having a conflict of interest in providing objective endorsement of the nomination. Thus, they cannot be related to the nominee, an active research partner of the nominee, or a subordinate of the nominee.

Please have endorsers compose a brief letter of endorsement, where they will evaluate the nominee on some or all of the contributions detailed in the nomination. Endorsements must be submitted by the due date.

Endorser 1

Name: _____

Address: _____

Telephone: _____ Email: _____

Description of relationship to nominee: _____

Endorser 2

Name: _____

Address: _____

Telephone: _____ Email: _____

Description of relationship to nominee: _____

Endorser 3

Name: _____

Address: _____

Telephone: _____ Email: _____

Description of relationship to nominee: _____

Endorser 4

Name: _____

Address: _____

Telephone: _____ Email: _____

Description of relationship to nominee: _____

Endorser 5

Name: _____

Address: _____

Telephone: _____ Email: _____

Description of relationship to nominee: _____