# Susan Knapp Excellence in Education Award Rating Form

# Applicant:\_\_\_\_\_\_\_\_­­­

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Please provide examples of activities demonstrated by the applicant in each category below:

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| --- | --- | --- | --- |
| *Selection Criteria* | *Total Possible Points* | *Your Score* | ***Points Assigned/***  ***Rationale For*** |
| 1. Academic Appointment/Professor, Clinical Instructor & related activities such as Coordination of Dietetic Internship Program, teaching related classes, etc | 10 |  |  |
| **2.** Development or coordination of “train the trainer” education programs for corporation, hospital, institution etc. | 15 |  |  |
| 3. Development or coordination of education programs for nephrology dietitians or other healthcare professionals | 15 |  |  |
| 4. Development or coordination of community education for patients, family, etc | 15 |  |  |
| 5. Development or coordination of training for new nephrology dietitians | 10 |  |  |
| 6. Education materials developed by or contributed to by candidate | 5 |  |  |
| 7. Invited Lectures on education topics for peers, other healthcare professionals or patients | 10 |  |  |
| 8. National CRN/Local CRN Activities | 10 |  |  |
| 9, . Statement of Contribution | 10 |  |  |
| **TOTAL** | **100** |  |  |

Other general comments/observations:

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# Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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