



AWARD SUBMISSION FORM 2027
APPLICATION DEADLINE: November 27, 2026

Complete this form to submit your own application or nominate another person for a CPS award. Attach all documents required in the call for applications for the selected award.

SUBMISSION INSTRUCTIONS

- **A separate form must be completed and submitted for each award, even if the same person applies for multiple awards.**
- Complete all applicable sections. Keep the headings and fields in the form; replace the response spaces with your information and check the appropriate boxes.
- Follow the requirements in the call for applications regarding supporting documents, page or word limits, formatting, the deadline and the submission method. Applications that do not meet the formatting requirements or include an incomplete or incorrectly completed form may be deemed ineligible.

SELECTED AWARD

Check one box only. To apply for another award, complete a new form.

- ☐ Early Career Award
- ☐ Outstanding Pain Mentorship Award
- ☐ Distinguished Career Award
- ☐ Distinguished Service Award
- ☐ Trainee Research Award — Basic Science
- ☐ Trainee Research Award — Clinical Science
- ☐ Equity Trainee Research Award
- ☐ Person with Lived Experience of Pain Leadership Award
- ☐ Pain Awareness Award

TYPE OF SUBMISSION

- ☐ I am submitting my own application.
- ☐ I am nominating another person.

The selected award must permit this type of submission. For the mentorship award, the nominee must be nominated by a colleague or a current or former student or trainee.

NOMINEE (yourself or another person)

First and last name:

Email:

Institution or organization, if applicable:

Position or status, if applicable:

City, province: