



## Community Reviewer Nomination Form

### Nominator

Name: Phone:  
Title: Email:  
Organization:  
Mailing address: Signature:

### Nominee

Name: Phone:  
Occupation: Email:  
Organization:  
Mailing address:

**Indicate why you think this individual would be an appropriate a community reviewer.  
(skills/knowledge/experience)**

Send the completed form to:

François Sauvé  
Peer Review Innovation Coordinator  
Canadian Institutes of Health Research  
160 Elgin Street, 9<sup>th</sup> Floor  
Address Locator 4809A  
Ottawa ON K1A 0W9  
Email: [fsauve@irsc-cihr.gc.ca](mailto:fsauve@irsc-cihr.gc.ca)  
Fax : (613) 954-1800