

# President's Award Program – Nomination Form

COMMUNITY SERVICE

CORE VALUES

LEADERSHIP

INNOVATION

PHYSICIAN LEADERSHIP

**Award Category:** Select one:

- |   |   |
|---|---|
| <input type="checkbox"/> Community Service                                  | <input type="checkbox"/> Leadership           |
| <input type="checkbox"/> Living Our Core Values - How We Work Together      | <input type="checkbox"/> Innovation           |
| <input type="checkbox"/> Living Our Core Values - How We Serve Our Patients | <input type="checkbox"/> Physician Leadership |

## Nominee Information:

(Information about the person I am nominating)

NAME OF NOMINEE (PLEASE PRINT)

TITLE (E.G. PSA, RN, COORDINATOR, SOCIAL WORKER)

AREA/PROGRAM

SITE

YEARS OF SERVICE

*I consent to being nominated for this award:*

NAME

DATE (MM/DD/YY)

SIGNATURE

## Nominator Information:

(To be completed by the person submitting the nomination)

NAME OF NOMINATOR (PLEASE PRINT)

PHONE

EMAIL

SIGNATURE

How did you learn about the President's Award Program? (select all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Poster                     | <input type="checkbox"/> Insert in the Page    |
| <input type="checkbox"/> E-mail from Bonnie Adamson | <input type="checkbox"/> LHSC Website          |
| <input type="checkbox"/> My Leader                  | <input type="checkbox"/> Other (specify) _____ |

**Nominations are due Friday, March 9, 2012.**

