

# UH Samaritan Medical Center

## 2019 Nursing Excellence Nomination

Please take a few minutes to fill out this nomination form. Deadline for submission is April 26, 2019. Nominations will be reviewed by the Celebrate Nursing Excellence committee and 5 winners chosen. Selection will be based on criteria listed below.

### CRITERIA:

- Individual must be employed by UH Samaritan Medical Center
- Exemplify the nursing profession
- Committed to excellent nursing practice

Name of Nurse being nominated: \_\_\_\_\_ Unit/Department of Nurse: \_\_\_\_\_

Your Name (optional): \_\_\_\_\_ I am: co-worker \_\_\_\_\_ patient \_\_\_\_\_

Your Unit: \_\_\_\_\_ Your Email Address: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Qualities the nominee should exemplify: (Please choose one or as many as apply)

Leadership: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education/Mentorship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Compassionate Care: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contributing to the Community: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teamwork: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe how this nurse exemplifies the nursing profession through qualities of mission, vision, values, integrity, and service excellence. Please note: be as descriptive as possible about the person you nominate. Be sure to write more than just one or two sentences since that will not provide us with enough info.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Once the nomination form is complete, please print and send to [Melissa.Frank@UHhospitals.org](mailto:Melissa.Frank@UHhospitals.org), or send via inter-office mail.