

## INDIVIDUAL NOMINATION FORM



Please complete all the required information below and return it to <a href="mailto:healthrecognition@ucsf.edu">healthrecognition@ucsf.edu</a> or Box 3105.

*Your Name
*Your Email
*Name of Nominee Eligibility is limited to UCSF Health employees including those at Saint Francis, St. Mary's, and BCH (SF & Oakland).
*Nominee's Supervisor List your best guess or refer to the UCSF Health roster in the HR Umbrella. BCH Oakland roster available upon request.
*Nominee's Affiliation Please check one.
☐ UCSF Health ☐ BCH San Francisco ☐ BCH Oakland ☐ Saint Francis ☐ St. Mary's
*Nominee's Job Category If you are unsure, select your best guess.
☐ Clinical Coordination ☐ Clinical Specialists & Technologists ☐ Clinical Support ☐ General Administration ☐ General Services ☐ Management ☐ Nursing ☐ Physicians

## \*Nomination Statement

Minimum of 200 words.

## TIPS for writing a strong nomination:

- Give evidence to support your statements about the nominee. Use specific examples and be clear and concise.
- Quotes/statements contributed by co-workers, supervisors, faculty and patients are encouraged in your nomination.
- Make sure not to disclose any HIPAA protected confidential information, i.e. patient information or other identifiers.

Please provide a specific story or example(s) of how this nominee goes above and beyond to create an optimal work experience for their colleagues and/or create a great experience for a patient or patient's family member.

Please explain how this nominee embodies at least one of the PRIDE Values through the above story/example(s).

A compelling story or example(s) should be heartfelt and describe how this person make you or others feel.

