

Please complete all the required information below and return to [healthrecognition@ucsf.edu](mailto:healthrecognition@ucsf.edu) or Box 3105.

**\*Your Name**

---

**\*Your Email**

---

**\*Name of Team**

In order for this team to be eligible, it must be comprised of at least 3 employees, half of whom are affiliated with all or one of the following: UCSF Health (including those at Saint Francis and St. Mary's), BCH SF, BCH Oakland.

---

**\*Point of Contact**

---

**\*Point of Contact's Supervisor**

List your best guess or refer to the UCSF Health roster in the HR Umbrella. BCH Oakland roster available upon request.

---

**\*Team Members**

Enter team member's names.

---

---

## \*Nomination Statements

Minimum of 200 words per section.

**TIPS for writing a strong nomination:**

- Give evidence to support your statements about the team. 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 describe the team's project or initiatives and how it adds value to one or more of the strategic priorities of our UCSF Health True North Pillars.**



