

Nomination Form

Professional With Heart



Thank you for your interest in nominating an awardee for this year's event! Please return the completed form to HAH by **June 21**.

1. About the Award

Nominee:

- **MUST BE** employed by an HAH member organization.
- **MUST BE** a professional staff member whose primary role is **direct patient care** (i.e. nurse, therapist, dietician, etc.).

Criteria:

Nominee exemplifies a dedication to the provision of quality care through:

- High performance standards and ideals
- Strong "team spirit" and sensitivity to peers
- Professionalism in dealing with difficult clients and situations
- Outstanding job performance and clinical skills
- Positive feedback on patient satisfaction surveys
- Consistent high quality service with heart to the client, family and agency.

2. Nominee Information

Name:

Direct care position held:

Agency/Organization:

Mailing address:

City: , Hawaii Zip Code:

Phone: Email:

Service Division (check one): Acute Care Home Care and Hospice Long Term Care

3. Your Information

Your name:

Agency/Organization:

Phone: Email:

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4. Description of Accomplishments

Please check the box if your nominee's primary role is in **direct patient care** (i.e. nurse, therapist, dietician, etc.). If not, then your nominee should be in another category.

Please check the box if your nominee has been a direct patient care giver for more than 2 years.

1. In a paragraph, please explain your nominee's accomplishments in the healthcare industry.

2. Please outline how your nominee meets or exceeds the award criteria (see criteria on previous page).

3. Give examples of how your nominee exemplifies the award criteria and is among the best in his/her field.

4. What else would you like to mention about your nominee?

You can fax, mail or email this form to:

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For a full list of HAH Member Organizations please go to <http://www.hah.org>