

NOMINATION FORM

I would like to nominate _____ from the _____ department/facility as a deserving recipient of **The SUNSHINE Award**. This person's skill, and especially their compassionate care, exemplify the kind of caregiver that patients, their families, and staff recognize as an outstanding role model. This person constantly meets all of the following criteria:

Compassionate | Nurturing | Passionate | Inspirational | Collaborative | Embraces Diversity

Please describe a situation involving the person you are nominating that clearly demonstrates how they meet the criteria for **The SUNSHINE Award**:

Thank you for taking the time to nominate an extraordinary support staff member for this award. Please tell us about yourself so that we may include you in the celebration of this award should the person you nominated be chosen.

Your Name _____ Date of Service _____
 Phone _____ Email _____

I am (please circle one): Patient | Family/Visitor | MD | Staff | RN | Volunteer

Date of Nomination: _____

How to Submit Nominations at CVH:

- By Mail: 701 Lewiston Street, Attn: Tracy Williams
Cottonwood, ID 83522
- By Email: tracy.williams@kh.org
- Hand in to Nurse's Station/Front Desk
- Enter in black nomination boxes located in clinics & hospitals

How to Submit Nominations at SMH:

- By Mail: 701 Lewiston Street, Attn: Tracy Williams
Cottonwood, ID 83522
- By Email: tracy.williams@kh.org
- Hand in to Nurse's Station/Front Desk
- Enter in black nomination boxes located in clinics & hospitals



**Clearwater Valley
Health**



St. Mary's Health