





Who can you nominate?

Scan the QR code or write out your story below to nominate a team member who supports patient care, such as patient transportation, nurse assistants, guest relations, housekeeping, etc. Registered Nurses and Physicians are not eligible for this award.

Please describe a specific situation or story that demonstrates why you are nominating this team member.

Nominate a team member who demonstrates:

- P Shows Passion and Compassion in the care they provide every day
- **E** Empathy
- **T** Trustworthiness
- A Always creates the best experience
- L Listens attentively
- S Selflessness

More space on back to	o continue your st	ory:			
Thank you for taki	ng the time to	nominate an	excellent team n	nember for this a	award.
Your Name			Date of Nomi	ination	
Phone		_ Email			_
I am <i>(please check</i>	one):				
O Patient	O Visitor				
O Team Member	O Volunteer				

Submit your nomination form to Brooke.Fogle@OwensboroHealth.org

O Provider

Scan the QR code to submit a nomination electronically.



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[Include information here if electronic nomination form is also available.]

If you have any questions, please contact:
Brooke.Fogle@OwensboroHealth.org or 270-691-7855