

# President's Award Program – Nomination Form

COMMUNITY SERVICE

CORE VALUES

LEADERSHIP

INNOVATION

PHYSICIAN LEADERSHIP

**Award Category:** Select one:

- |   |   |
|---|---|
| <input type="checkbox"/> Community Service                                  | <input type="checkbox"/> Leadership           |
| <input type="checkbox"/> Living Our Core Values - How We Work Together      | <input type="checkbox"/> Innovation           |
| <input type="checkbox"/> Living Our Core Values - How We Serve Our Patients | <input type="checkbox"/> Physician Leadership |

## Nominee Information:

(Information about the person/team I am nominating)

NAME OF NOMINEE (PLEASE PRINT)

TITLE (E.G. PSA, RN, COORDINATOR, SOCIAL WORKER)

AREA/PROGRAM

PHONE

SITE

YEARS OF SERVICE

*I consent to being nominated for this award:*

NAME

DATE (MM/DD/YY)

SIGNATURE

## Nominator Information:

(To be completed by the person/team submitting the nomination)

NAME OF NOMINATOR (PLEASE PRINT)

PHONE

EMAIL

SIGNATURE

Did you remember to include the following items in your nomination package?

- This completed form (including signed consent from nominee)
- Nominator letter
- Two (2) additional letters of support from colleagues/peers (*Note: letters from patients cannot be solicited*)
- Ensure all three (3) letters reflect the specific award category criteria found online at [www.lhsc.on.ca](http://www.lhsc.on.ca)

**Nominations are due Friday, October 24, 2014.**

