NOMINEE:		
	DEPT:	
YOUR NAME:	TITLE:	
DEPT:	PHONE NUMBER:	
RELATIONSHIP TO NOMINEE:		
EMAIL:		

Purpose: Recognition of the special skills, dedication and compassion in the delivery of outstanding direct patient care.

Eligibility: The recipient of this award will be a Licensed Practical Nurse who consistently participates in providing high quality patient care. The individual will be recognized as a valuable team member who has made a critical department/organizational contribution towards meeting goals within the past year. The candidate consistently demonstrates We Care standards.

Award: The award winners will be announced and presented during Nurses' Week.

Instructions: Please describe in at least 300 words or more how this nominee has embraced their role and demonstrated outstanding patient care. Please feel free to include examples where this nominee has gone above and beyond to make a difference with other staff members and /or patient(s).

Submission: Once you have completed the form, you can email to **Lydia Lopez**, lydlopez@montefiorenyack.org or bring printed form to Ana Polanco, Center for Learning and Development office, 2nd Floor (across from the elevator).