

# Sister Patricia Ann Award Nomination Form

Nominee's Name \_\_\_\_\_

Department \_\_\_\_\_

Job Title \_\_\_\_\_

Length of Employment \_\_\_\_\_

Award Category

Physician

Nursing

Colleague

Please write a narrative which reflects how this nominee has demonstrated commitment to living the mission and our core values.

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Nominated by \_\_\_\_\_

Department \_\_\_\_\_

Extension \_\_\_\_\_

Please submit form to Vicki Kunzmann in Administration

**Deadline is Friday, April 1st**



A Member of Trinity Health