**Instructions: Completion of the Nomination and Supporting Reference Form is required for consideration of the Yale Internal Medicine Award for Service Excellence. It is important to complete all fields and sections of this form*.***

**All completed forms must be submitted by 5pm, December 21, 2021.**

**Please return the completed form to:**

**Stephanie Santore:** **Stephanie.santore@yale.edu**

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part A. NOMINEE DETAILS:**

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| **Name of Individual:**  |

**Part B. RESPONSE TO SELECTION CRITERIA:**

*(Please complete this section on a separate sheet of paper and attach to the Nomination and Supporting Reference form upon submission.)*

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| This section answers the question “WHY” the nominee deserves this award. Please refer to the Service Excellence Award Criteria to complete this section. **For the Nominee to be considered for this award the nomination form must be complete.** * *Provide a description of the impact, why the nominees’ attributes/achievements are deserving of this award. Describe how the nominee meets the following criteria for this award:*
* *Understands the Organization*
* *Demonstrates Personal Motivation*
* *Customer Service & Communication*
* *University Citizen/Leadership*
* *Teamwork*

 |

**Part C: PERSONAL DECLARATION:**

🞏 I believe the information provided is to be true and correct. Furthermore, as the nominator, I permit the release of information submitted for the selection process.

Please select your preference below:

🞏 Permission to share my name with the nominee if he/she is chosen

🞏 Prefer to remain anonymous

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| **Name of Nominator:** (Please print) |
| **Signature of Nominator:**  |
| **Day time contact number**:  | **Email:**  |
|  **Relationship to Nominee:**  |

**Part D: SUBMISSION:**

Please send your completed nomination form to:

 **Stephanie Santore:** **Stephanie.santore@yale.edu**

Please retain a copy of the nomination form for your records so that you can refer to it if the Application Processing Committee contacts you to clarify any information you have provided.

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| All completed forms must be received by5:00 pm, December 21, 2021 |

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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| **Office Use Only:** |
| **Date Received:** |
| **Source: E-mail: Fax: Mail:** |