



Nomination Form

Please use one nomination form for each NA/HT/or ST being nominated

FOR EXCEPTIONAL CAREGIVERS

I would like to nominate _____ from _____ .
(please specify which area the NA/HT/ST works)

Please describe a situation in which the nurse demonstrated at least one of these I CARE principles:

Integrity: Maintains the trust and confidence of all with whom she/he engages.

Commitment: Serves Veterans and their families by honoring VA's mission.

Advocacy: Truly focuses on serving the Veteran.

Respect: Provides dignity and respect to everyone she/he serves and encounters.

Excellence: Strives for the highest quality and continuous improvement.

(*Ensure that **handwritten** nominations are written clearly and legibly. Attach additional sheets as needed.)

Thank you for taking the time to nominate this extraordinary Nursing Assistant, Health Tech, or Surgical Tech for the BEE. Please provide your contact information; as we would like to invite you, if your nominee is chosen.

Date of Nomination _____

Your Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

I am (please check one): Patient Family Visitor

(Nominations only accepted from patients and families/visitors at this time)

Please scroll down if you need more room for your response and to submit this form.

Please use the space below if you need additional room to write your response:

Please save and send your completed nomination form to the following email group:
VHAWPBNURSINGBEEAWARD@va.gov.

Thank you!