## **BEE Award Nomination Form**

## **CWI**

The Bee Award honors and recognizes all hospital employees outside of nursing who go Beyond Exceptional Expectations. These team members provide great experiences for patients and their families by exemplifying quality service and extraordinary care. The nurses cannot survive without the outstanding teamwork provided by other healthcare professionals.

| I would like to nominatethe BEE award (support team member).  | from the                                     | unit/ department for         |
|---|--|------------------------------|
| Please describe a specific situation or stor meaningful difference in your care.  | ry that clearly demonstrate                  | es how this caregiver made a |
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| Thank you for taking the time to nominate Please tell us about yourself, so that we make caregiver you nominated is chosen. |  |                              |
| Your Name:  |  | Date:                        |
| Unit: Emai  | l:   |                              |
| Phone:  |  |                              |
| I am (please check one): ☐ RN ☐ Patient ☐ Fa  | amily / Visitor $\square$ MD $\square$ Staff | · 🗆 Volunteer                |