



# 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 submit nomination forms in drop boxes located at each CBOC, CLC, Hospice, or main elevator location (all floors) at the West Palm Beach Medical Center, or mail to:

**West Palm Beach Medical Center**  
Human Resources 05 / William Barham  
7305 North Military Trail  
West Palm Beach FL 33410

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

Please click on the "Nominate Today" button to the right to email the completed form. If this button does not create an email for you, please save and send your completed nomination form to the following email group:  
[VHAWPBNURSINGBEEAWARD@va.gov](mailto:VHAWPBNURSINGBEEAWARD@va.gov).