

Annual Clinical Network Retreat Awards Nomination Form

Please submit nominations to Christopher T. Lee at christopherl@scphca.org
by **Friday, May 2, 2025.**

NOMINATION SUBMISSIONS

- Nominating organizations may submit **only one** award nomination per individual candidate, and each candidate may be nominated in only one category.
 - Nominators must use this form (attachments allowed), and it must be received by **Friday, May 2, 2025.**
 - Nominations should be submitted via email to Christopher T. Lee, Manager of Member Services at christopherl@scphca.org.
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SELECTION & RECOGNITION PROCESS

- The Clinical Network Retreat Planning Committee will review all nominations and select this year's awardees.
 - o All nominators and CEOs of respective organization(s) will receive notification about the selections via email or phone from christopherl@scphca.org as soon as possible after those decisions have been made.
- Awards will be presented during the annual Awards Ceremony on Saturday, June 7, 2025.
- Please contact Christopher T. Lee, Manager of Member Services at christopherl@scphca.org should you have any questions.

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NOMINEE (Information about the person you are nominating)

Name _____

Title _____ Credentials _____

Organization _____

CATEGORY OF AWARD/NOMINATION

Check the name of the award you are nominating this individual for (select ONE):

Health Care Provider of the Year

Nurse of the Year

Clinical Support Staff of the Year

Champion of Practice Transformation

Pharmacist of the Year

Dental Professional of the Year

Clinical Quality Leader of the Year

NOMINATED BY (Information about you)

Name _____ Title _____

Organization _____

E-mail _____ Phone _____

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NOMINATION STATEMENT

Please describe why you are nominating this individual for an award by typing your nomination statement below (narrative or bulleted highlights) or submit it on a separate document. **Please limit your nomination to a total of one page.** Thank you!