

ROSE Award NOMINATION FORM

I WANT TO NOMINATE:

Name: _____

Department: _____

NOMINATED BY:

Your name: _____

Date: _____ Dept./unit/org. _____

Phone or email (optional): _____

Please share your story on the back of this form.

Please complete and send to:

OHSU Healthcare Human Resources

Mail code SHJ-8LC

3181 S.W. Sam Jackson Park Rd.

Portland, Oregon 97239

or submit online at www.ohsu.edu/roseaward



THIS IS THE STORY (THIS SECTION MUST BE COMPLETED)

EASY AS ABC!

Appreciate — Recognize service excellence by submitting a ROSE Award nomination.

Be specific — Describe in detail the nominee’s actions. How did this exceed your expectations? What impact did the nominee have on the patient/department/colleague?

Celebrate — Attend monthly ROSE Award ceremony to applaud colleagues who deliver outstanding service and support.