

Rose Award Nomination Form

Raising Our Standard of Excellence: Celebrating Extraordinary Patient Care Technicians at Highland Hospital

I would like to nominate _____ from _____ (unit/dept.)
as a deserving recipient of the Rose Award.

This PCT demonstrated one or more of Highland Hospital ICARE Values of:

- Integrity - being honest and having strong moral principles
- Compassion - understanding the suffering of others and a willingness to help others
- Accountability - an obligation or willingness to accept responsibility or to account for one's actions
- Respect - a feeling or understanding that someone or something is important
- Excellence - the quality of excelling, of being truly the best at something

Please describe a situation involving the PCT who you are nominating and describe how they demonstrate the ICARE Values.

Your Name (optional): _____

Email (optional): _____ Date: _____

I am (check one): Patient ____ Family/Visitor ____

Thank you for your nomination!