

Please complete all the required information below and return to [healthrecognition@ucsf.edu](mailto:healthrecognition@ucsf.edu) or Box 1299.

Your Name

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Your Email

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Name of Team

In order for this team to be eligible, it must be comprised of at least 3 employees, half of whom are affiliated with all or one of the following: UCSF Health, BCH SF, BCH Oakland.

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Point of Contact

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Point of Contact's Supervisor

List your best guess or refer to the UCSF Health roster in the HR Umbrella. BCH Oakland roster available upon request.

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Team Members

Enter team member's names.

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## Nomination Statements

Minimum of 200 words per section.

### TIPS for writing a strong nomination:

- Give evidence to support your statements about the team. Use specific examples and be clear and concise.
- Quotes/statements contributed by co-workers, supervisors, faculty and patients are encouraged in your nomination.
- Make sure not to disclose any HIPAA protected confidential information, i.e. patient information or other identifiers.

**Please describe the team's project or initiatives and how it adds value to one or more of the strategic priorities of our UCSF Health True North Pillars.**



