

**The Michael J Skolnik Award for Patient Safety**

**2016 Nomination Form**

**Information of person providing nomination**

Full name of person providing nomination:

E-mail of person providing nomination:

Phone number of person providing nominiation:

**(Complete one of the following sections below for nomination of an individual or nomination of a team, department or organization.)**

**Information of individual being nominated**

Full name of person being nominated:

Place of employment of nominee:

Address of nominee:

 Street

City State

E-mail of nominee:

Phone no. of nominee: Circle type of phone #: work home cell

Is the nominee a student? Yes No

If yes, name of school:

**Information of team or organization being nominated**

Name of team/organization:

If a team, name of organization:

Address of organization:

 Street

City State

Name of contact person for team or organization:

E-mail address of contact person:

Phone no. of contact person: Circle type of phone #: work home cell

Attach a typed narrative (2 pages or less) discussing the specific project or activity the nominee has conducted to further patient safety, why the project or activity was conducted, and what impact of the project or activity has achieved.