Physician Excellence Award Nomination Form

Please check one box to designate the Award requested for this Nomination

☐ Clinical Educator Excellence Award
☐ Clinical Practice Excellence Award
☐ Outreach Excellence Award
☐ Rising Star Clinical Excellence Award

Physician Being Nominated:

Name ______________________________  Date ______________________________
Position __________________________  Dept. __________________________
Time Practicing at UW Health ______________________________

Nominator:

Name ______________________________  Date ______________________________
Position __________________________  Dept. __________________________
Organization __________________________

Department Chair of Nominee:

I support the nomination of this individual for the designated Physician Excellence Award.

Signature ______________________________

Instructions:

To nominate a physician for a Physician Excellence Award, submit this form and all supporting documents to Kristin Kunz (Mail Drop 2409, 301 S. Westfield, Suite 350, Madison, WI 53717). Nominations will be accepted no later than 4:30 p.m. on Friday, December 20, 2013.

Please submit eight (8) copies of your nomination package. Each statement should be titled, include the name of the person being nominated, signed by the author and include the author’s title and working relationship with the person being nominated.

The nomination package should include:

- Physician Excellence Award Nomination Form (this form)
- Written statement from the nominator
- Two or more written statements and letters of recommendation by peers and/or colleagues that are reflective of the nominee’s qualifications and contributions

More specific details on application requirements are included in the Physician Excellence Awards Description and Requirements document. For questions, please contact Kristin Kunz, UWHC Program Director, Workplace and Wellness Solutions, at (608) 263-9709 or kkunz@uwhealth.org