



ASSOCIATE RECOGNITION PROGRAM
NOMINATION

Name of associate

Job title

I am nominating this person for the **Whatever It Takes Champions** Award because:

I am a: family member physician resident/patient
 discharge planner associate other

Please print your name.

Email

Signature

Date

Once form is completed, please place it in the nomination box. If you require assistance, feel free to ask a facility associate for help. **Thank you for your participation!**

Other ways to nominate

You can also complete your nomination online by going to **www.LCCA.com/WIT** or by scanning this code with your smartphone camera to be taken directly to the site.

