



## Nomination Form

I would like to nominate:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Unit / Department

I am a(an):

Patient    Family Member    Visitor    Physician    Employee

Your Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Share your experience of outstanding care and treatment with us. Please share how a respiratory therapist has provided professional excellence and compassion in the education and care of a patient and/or family dealing with pulmonary illness.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Check One:

- I authorize my name to be used in hospital recognition materials for this respiratory therapist.  
 I do not authorize my name to be used in hospital recognition materials for this respiratory therapist.

Please submit nominations to:

**Cassandra Stalzer, Director of Public Relations & Marketing**  
cassandra.stalzer@wvumedicine.org

**WVUMedicine Princeton Community Hospital**  
Attn: Cassandra Stalzer  
122 Twelfth Street  
Princeton, WV 24740