

**Main Operating Room (MOR) Sunshine Award Nomination Form**

I would like to nominate \_\_\_\_\_ (First and Last Name) as a deserving recipient of the Sunshine Award. This individual exemplifies innovation, collaboration, accountability, respect, and excellence in providing safe, high quality, patient and family centered care and fosters teamwork through extraordinary interactions with others.

Please use the space below to describe a specific situation or story that clearly demonstrates how this person was a ray of sunshine in your day.

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Thank you for taking the time to nominate a peer for the Sunshine Award



Your name:

E-mail or phone contact: