

**NOMINATION FORM
STAR OF THE QUARTER**

Please write a short explanation with examples of how the nominee meets each STAR Value listed below. You must have a specific example, at least one for all six values for the nomination to be valid.

| Nominee: | Date: |
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| <p>Trust: We believe each of us will be responsible to provide reliable service to our customers.</p> | |
| <p>Integrity: We are honest with our customer and each other. We treat everyone the way we would want to be treated.</p> | |
| <p>Communication: We practice open and effective communication with our customer and attempt to understand their needs as if they were our own.</p> | |
| <p>Knowledge: We work to stay educated in our field and do our jobs with confidence and integrity.</p> | |
| <p>Empathetic care: We listen carefully to our patients and attempt to understand their needs as if they were our own.</p> | |
| <p>Teamwork: We work together to provide the best and most efficient care for the customer.</p> | |
| Submitted by: | |

Please submit to any Blue Star Box in 5 locations throughout the building.