



Mildred Crear Nomination Form

The purpose of the Mildred Crear Award is to recognize the contributions of staff registered nurses working in San Francisco in the field of public and /or community health.

Date: _____

Name of Nominated Employee: _____

Job Classification/Title: _____

Workplace site: _____

Work phone number: _____ Email: _____

Please indicate the area(s) in which the nominee has made a significant contribution (check all that apply):

_____ **Health Promotion:** contributions which have promoted positive health outcomes or have a direct impact on client care

_____ **Education:** contributions which promoted professional development among peers, colleagues, or clients

_____ **Advocacy:** contributions in advocating for clients or the nursing profession

_____ **Collaboration:** contributions in improving access to services for clients or resource development

Please describe how the employee meets the above criteria, citing specific examples of excellent performance. (not to exceed one page)

Why do you believe this employee deserves the award? (not to exceed one page)

Nominated by: _____

Job Classification and title: _____

Work site address: _____

Work phone number: _____ Email: _____

Submit the type-written completed Mildred Crear Award Nomination form by U.S. mail or interoffice mail to: Silvia Woo, 30 Van Ness Ave. Ste 260, San Francisco, CA 94102 or by email to: Silvia.Woo@sfdph.org

Nominations must be received by April 9, 2010 12:00 pm