

The Sunshine Award Nomination Form



*Please use the QR code click [HERE](#) to submit electronically. (It may take a minute to load.)*

The Sunshine award recognizes the great work that Clinical Assistants perform each day.

Hospital/ Facility I visited \_\_\_\_\_ Unit/Department \_\_\_\_\_

**I would like to nominate \_\_\_\_\_, as a deserving recipient of the Sunshine Award. This Clinical Assistant exemplifies the type of team member that patients, families and co-workers recognize as an outstanding role model. This person consistently demonstrates our core values of Serve, Excel, Respect, Value and Engage and our mission to improve the health status of the people that we serve.**

**The following scenario is an example of his/her patient care and ethics, highlighting their great work:**

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Nominator's Name \_\_\_\_\_ Date \_\_\_\_\_

☐ Team Member   ☐ Patient   ☐ Visitor/Family   ☐ Other

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Please return this completed form using one of the options below.

**Mail:**

TriHealth, Robyn Stahley  
4750 Wesley Avenue  
Nursing Administration  
Cincinnati, OH 45212

**Email:**

robyn\_stahley@trihealth.com

**Fax:**

513-852-1448

**Electronically:**

QR Code Above