BAY
REGIONAL MEDICAL CENTER
A McLAREN HEALTH SERVICE

NOMINATION FOR THE PHYSICIAN OF THE QUARTER

The physician you wish to nominate must be a current member of the Bay Regional Medical Center Medical Staff and must have been on Staff for at least one year. Please base your nomination on the criteria listed below.

The nominee should have demonstrated a positive attitude toward:

- ✓ Compassion and concern for patients and staff
- ✓ A cooperative attitude toward patients, colleagues and staff
- ✓ Strives for consistent quality outcomes
- ✓ Leadership and support to the organization

I NOMINATE (Name of Physician)	Physician's Specialty

For the _____ "Physician of the Quarter" award because:
(quarter)

_____

_____

_____

_____

_____

_____

_____

(FOLD HERE)

I am a permanent full-time or a permanent part-time Physician or Employee who has been affiliated with Bay Regional Medical Center for at least one calendar year.

SIGNATURE	SPECIALTY/DEPARTMENT	DATE

Please fold, staple and place in an inter-departmental mail envelope addressed to: Janet Matuszewski, Medical Staff Services.

This nomination is the property of the Physician Satisfaction & Marketing Performance Improvement Team and will be kept confidential.