

Unsung Heroes Recognition Campaign Nomination Form

The purpose of this program is to recognize physicians' office managers/administrators who assist the physician members of Bexar County Medical Society to deliver the best quality care to the citizens of Bexar County.

Please note: The nominating physician(s) must be on staff with the office practice in which the office manager is employed and a member of Bexar County Medical Society.

Please provide specific examples under each category on how his/her expectations are exceeded.

Deadline: This nomination form is due the third Tuesday of every month via email at brissa.vela@bcms.org or fax at (210) 301-2150.

Tell us about your nominee

Name: _____ Job Title: _____

Main Job Duties: _____

Tell us what is extraordinary about your nominee

(Use the back side of this form if additional space is needed)

Exemplary work

- | | |
|---|--|
| <input type="checkbox"/> Initiative | <input type="checkbox"/> Volunteer committee work |
| <input type="checkbox"/> Creative ideas | <input type="checkbox"/> Cost saving recommendations |
| <input type="checkbox"/> Assistance | <input type="checkbox"/> Other |

Please provide examples: _____

Professionalism

- | | |
|--|---|
| <input type="checkbox"/> Code of Conduct | <input type="checkbox"/> Values of organization |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> Other |

Please provide examples _____

Dedication to quality:

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Work Standards | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Improvement Ideas | <input type="checkbox"/> Other |

Please provide examples _____

Sensitivity and concern in addressing needs of clients (Direct/Indirect contact or actions)

Please provide examples: _____

Submitted by (please print): _____

Date: _____

Email address (to send confirmation of receipt) _____