# Mary Barkey Clinical Excellence Award

**NOMINATION FORM**

*Please type your responses into this form, save with the award nominee’s first initial and last name (example: EPlank-Nomination), and submit it via email to* *awards@childlife.org.*

*Please contact* *awards@childlife.org* *with any additional questions about the award application.* ***All initial nominations must be submitted by August 7, 2019 in order to be considered.***

|  |  |
| --- | --- |
| **Name of Nominee:** |  |
|  |
|  |
| **Place of Employment:** |  |
|  |
| **Title:** |  |
|  |
| **Agency Address:** |  |
|  |
| **City, State Zip** |  |
|  |
| **Country** |  |
|  |
| **Work Phone:** |  | **Home Phone:** |  |
|  |
| **Email:** |  |

Please provide a brief breakdown of the nominee’s clinical responsibilities to ensure that 75% of her/his work hours are in a clinical role: (Please do not attach job description, but instead highlight how her/his time is spent in the day)

Primary Endorser Contact Information:

|  |  |
| --- | --- |
| **Endorser Name:** |  |
|  |
|  |
| **Phone:** |  |
|  |
| **Email:** |  |

# NOMINATIONS MUST BE SUBMITTED BY AUGUST 7, 2019

***All supporting documentation (including endorsement forms, exemplars, employer letter of support and a current resume) is due no later September 28, 2019.***