

West Jefferson Hospital Foundation

Frank C. Di Vincenti, MD Community Leadership Award Nomination Form

Name _____

Title _____

Department _____

Supervisor's name _____

Phone number: _____

Date submitted _____

Please fill out the criteria listed below and briefly describe the qualities that explain why this nominee should be selected as a recipient of the **Frank C. Di Vincenti, MD Community Leadership Award**.

How has this nominee demonstrated exemplary service to West Jefferson Medical Center and to his or her patients? _____

How has this nominee demonstrated high standards of professionalism, leadership, and mentorship?

Please specify how this nominee has shown dedication to the community in which he or she works. _____

Please provide additional detail including examples of why you believe this nominee exemplifies the qualities listed on wjmc.org/divincentiaward and should be chosen to receive the Frank C. Di Vincenti, MD Community Leadership Award.

A curriculum vitae of the nominee can be submitted with this form, if mailed. If nomination form is provided electronically, email a copy of the nominees curriculum vitae to wjhfoundation@LCMHealth.org.

Ways to submit this form upon completion

Email to: wjhfoundation@LCMHealth.org

Print and mail to:

West Jefferson Hospital Foundation
1111 Medical Center Blvd.
Suite N-201
Marrero, LA 70072

