Add logo

**PROVIDER OF THE QUARTER NOMINATION FORM INSTRUCTIONS**

**Criteria**:

The following criteria will be used in selecting the Provider of the Quarter:

1. Provider must have worked a minimum of 1 year, and not be in probationary status at the time of nomination.
2. Provider has no disciplinary action in file, in the 12 months preceding nomination.
3. Any provider member of Cooper University Health Care, including Physicians, Physician Assistants (PA), Certified Registered Nurse Anesthetist (CRNA) or Advance Practice Nurse (APN), in good standing and compliance with Medical Staff by-laws, may be eligible for nomination.
4. Nomination forms are available:
   1. On The Pulse under Frequently Used Links -> Cooper Rewards -> Click on the blue box to log in and follow the prompt, click on the Nominate button -> hover over the Nominate button and select “Provider of the Quarter”. Complete form and submit
   2. On the “Connect the Docs”, Cooper Provider Blog
5. Nominations may be submitted:
   1. On the Cooper Rewards website – [www.Cooperrewards.com](file:///C:\Users\cerceo-elizabeth\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\BBA83J14\www.Cooperrewards.com) by filling out the nomination form electronically; or
   2. By Scanning the nomination form to [ProviderOftheQuarter@cooperhealth.edu](mailto:ProviderOftheQuarter@cooperhealth.edu)

Additional criteria will be used to determine worthy candidate and will focus on how much he/she cares, taking pride in always giving the best patient care. The nominee should also exemplify the core values and standards.

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| **Core Values** | **Service Standards** |
| **Excellence –** Do your best every day | **Communication –** Use AIDET daily |
| **Ownership –** Make it Happen | **Courtesy** |
| **Integrity –** Do the right thing | **Respect** |
| **Innovation –** Seek possibilities | **Professionalism** |
| **Teamwork –** Be there for each other |  |
| **Respect –** Value Others |  |

**Process:**

1. On the Pulse under Frequently Used Links -> Cooper Rewards -> Click on the blue box to log in and follow the prompt, click on the Nominate button -> hover over the Nominate button and select “Provider of the Quarter”. Complete form and submit **or** on the “Connect the Docs” Cooper Provider Blog.
2. The Provider of the Quarter committee will evaluate and select the nominations.
3. The committee will meet quarterly, to review the nominations and select the Provider of the Quarter.
4. The Provider of the Quarter will be presented with:
   1. A certificate (signed by our Co-Presidents/CEOs and their divisional Chair or Institute Physician Leader)
   2. A Black OGIO personalized Epic Pack. This Epic Pack is beyond a backpack; this hold-all is a tech organizer with ingenious compartments and sleeves for gadgets, laptop, cords and more
   3. A celebration with a choice of location
5. The Provider of the Quarter will be recognized on the Pulse, HR Corner, HR News, Weekly Rounds, Cooper Digital Boards, Connect the Docs blog and Cooper’s Social Media Outlets (if consented).

**Committee:**

The committee is multidisciplinary consisting of ten members.

Five committee members must be present to vote.

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provider’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provider’s Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Title:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Nominations should be based on the following criteria: professionalism, interpersonal skills, effective communication*, *team work, dedication to research and education and an example of* Physicians, Physician Assistants (PA), Certified Registered Nurse Anesthetist (CRNA) or Advance Practice Nurse (APN), *engagement. Nominees should exemplify the core values and standards, or demonstrate achievement of results to further Cooper’s Strategic Imperatives.*

PLEASE DESCRIBE WHY THIS PROVIDER SHOULD RECEIVE THIS AWARD. PLEASE BE SPECIFIC AND GIVE EXAMPLES OF THE ABOVE CRITERIA.

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Revised 10/19

***Use back of sheet or additional sheet of paper if needed. Completed form should be submitted online or by:***

**Email to:** [ProviderOftheQuarter@cooperhealth.edu](mailto:ProviderOftheQuarter@cooperhealth.edu)

**Nomination Form**