

**CARROLL HOSPITAL CENTER  
PHYSICIAN WOW SERVICE AWARD  
NOMINATION FORM**

There will be strict adherence to the guidelines set for *Exceeding Expectations*. Not every nomination will be recognized.

Name of Nominee: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_  
Please print

Submitted by: \_\_\_\_\_ Department: \_\_\_\_\_  
Please print

**SPIRIT VALUES EXIBITED:** (check all that apply)

- S**ERVICE: exceed customer expectations
- P**ERFORMANCE: deliver efficient, high quality service and achieve excellence in all we do
- I**NNOVATION: take the initiative to make it better
- R**ESPECT: honor the dignity and worth of all
- I**NTEGRITY: uphold the highest standards of ethics and honesty
- T**EAMWORK: work together, win together

**GUIDELINES FOR NOMINATION:**

- Must have *exceeded expectations* of normal duties
- No cards or Thank You notes (must be on *this* form)
- Must describe a SPECIFIC EVENT

Please describe the specific event you feel "*exceeded the expectations*" of his/her responsibilities. Remember, what you write will help the nominee qualify for the *Physician of the Month* Award.

Please describe the qualities that make this physician eligible for a WOW Service nomination.

**RETURN COMPLETED FORMS TO  
TERRI WILSON, MEDICAL STAFF OFFICE  
CARROLL HOSPITAL CENTER  
200 MEMORIAL AVENUE  
WESTMINSTER, MD 21157  
410 871 6899**