

The Kenneth B. Schwartz Center

Dedicated to strengthening the relationship between patients and caregivers

The Schwartz Center Compassionate Caregiver Award 2009 Nomination Form

Supported by AstraZeneca

Guidelines:

- The deadline for nominations is **April 17, 2009**.
- To be eligible, the nominee must be a paid employee who works directly with patients in the state of Massachusetts.
- Complete the application form online at www.theschwartzcenter.org/programs/caregiver.html or complete sections A-D below for the nomination to be considered. Please type or write clearly. Incomplete nominations cannot be considered.
- Please be sure to provide the name of the organization for which the individual works, complete business address, emails and phone number. Home addresses are helpful but not required.
- The Schwartz Center will contact the supporters you list and obtain their letters of support.
- The Schwartz Center will ask nominees to submit their resumes or a letter describing their work/job and any additional supporting materials such as articles, videos or letters written by patients. **However, if nominees are not comfortable soliciting letters from patients, they will not be at a disadvantage.**
- For teams, please identify only one representative from each discipline which comprises the team, with no more than five representatives per team. Designate one team member as the contact person.
- Materials cannot be returned. Please do not submit binders or folders.

A. Nominee Information (for teams, attach a full list of representatives)

NOMINEE'S/TEAM'S NAME _____ DEGREE/TITLE (E.G., MD, LPN, LICSW, ETC.) _____

ORGANIZATION NAME _____

EMAIL _____ WORK PHONE _____ HOME PHONE _____

PREFERRED MAILING ADDRESS _____ CITY, STATE, ZIP _____

B. Nominator Information

YOUR NAME _____

ORGANIZATION NAME _____

EMAIL _____ WORK PHONE _____ HOME PHONE _____

PREFERRED MAILING ADDRESS _____ CITY, STATE, ZIP _____

HOW DID YOU HEAR ABOUT THE AWARD? _____

C. Description of your experience with the nominee/team

Please attach a short description (500 words or less) of how you know the nominee and any actions or instances where the nominee demonstrated compassionate care. (You may also attach any background information about your nominee, including biographical information, articles, videos, etc. relevant to the nominee's compassionate caregiving.)

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D. Supporters

Please list the following information on two people who have agreed to write letters of support for this nominee. Please note:

- You may list professional colleagues, current or former patients, or anyone else who can attest to the nominee’s compassionate caregiving.
- You should contact both individuals *prior* to submitting their names on this nomination form, but you do not need to submit their letters with this form. The Schwartz Center will follow up with them.
- Anyone else interested in supporting the nomination may send letters directly to the Schwartz Center, or email to *schwartzcenter@partners.org*, clearly indicating who they are supporting.

1. Supporter Information

SUPPORTER’S NAME

ORGANIZATION NAME

EMAIL

WORK PHONE

HOME PHONE

PREFERRED MAILING ADDRESS

CITY, STATE, ZIP

Brief description of how this person knows the nominee _____

2. Supporter Information

SUPPORTER’S NAME

ORGANIZATION NAME

EMAIL

WORK PHONE

HOME PHONE

PREFERRED MAILING ADDRESS

CITY, STATE, ZIP

WORK PHONE

HOME PHONE

EMAIL

Brief description of how this person knows the nominee _____

Please mail this nomination to:

The Kenneth B. Schwartz Center
Award Review Committee
205 Portland Street, 6th Floor
Boston, MA 02114
or fax to: 617-643-6123

If you have any questions, please call the Schwartz Center at 617-726-0512
or email *schwartzcenter@partners.org*.