

**NOMINATION FORM  
STAR OF THE QUARTER**

Please write a short explanation with examples of how the nominee meets each STAR Value listed below. You must have a specific example, at least one for all six values for the nomination to be valid.

<b>Nominee:</b>	<b>Date:</b>
<p><b>Trust:</b> We believe each of us will be responsible to provide reliable service to our customers.</p>	
<p><b>Integrity:</b> We are honest with our customer and each other. We treat everyone the way we would want to be treated.</p>	
<p><b>Communication:</b> We practice open and effective communication with our customer and attempt to understand their needs as if they were our own.</p>	
<p><b>Knowledge:</b> We work to stay educated in our field and do our jobs with confidence and integrity.</p>	
<p><b>Empathetic care:</b> We listen carefully to our patients and attempt to understand their needs as if they were our own.</p>	
<p><b>Teamwork:</b> We work together to provide the best and most efficient care for the customer.</p>	
<b>Submitted by:</b>	

Please submit to any Blue Star Box in 5 locations throughout the building.