

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 [here](#) 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

