



MedStar Health

MedStar Health Wellbeing

Wellbeing Advocate Award **Nomination** **Form.**

Entity: _____

Nominee Name: _____

Role: _____

Email: _____

Please describe the nominee's involvement in providing leadership to support associate wellbeing at their work location and throughout the system according to the established award criteria. Describe how the candidate has created, led, and promoted initiatives and acted as a role model to support the culture of wellbeing for associates in both their personal and work lives. *(Limit to 500 words.)*

Please provide three words that best describe this nominee:

- 1.
- 2.
- 3.

Nominated by *(please include contact information)*: _____

Submit form to wellbeing@medstar.net

It's how we treat people.