

Excellence in Clinical Simulation Training, Education, and Research Champion Award Calendar Year 2019

Submit all nomination materials via e-mail to

vhasimexcellenceawards@va.gov

Nominee Information

Name (as it would appear on award plaque)	
Credentials (e.g., RN, MD, CRNA, FACHE, etc.)	
Position Title	
Location (Facility), Station ID	
Phone	
e-mail Address	

Submitter Information

Name	
Position Title	
Location (Facility), Station ID	
Phone	
e-mail Address	

Narrative Information

Do not exceed the space allowed in each block (Maximum input is 20 lines, in Calibri Font, 12 sized, single spaced. Excess input will not be evaluated)

Provide details that describe the nominee's actions, skills, attitudes, and values of VA medical facility or VISN leadership that significantly influenced the success of clinical simulation training, education, and research programs.

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Requir	ed Documentation includes			
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<u>Requir</u>	ed Endorsements:			
Nomin	ee's Medical Center Director	Date	Nominee's VISN Director	Date