



NORTH STAR NOMINATION FORM — PATIENT, COMMUNITY MEMBER OR COLLEAGUE NOMINATED

Nominee (name):
Office Address:
Specialty:
Medical Group:

Nominator (name):	
Phone:	Email:
Address:	

LETTER OF NOMINATION

Nominators should be able to describe the candidate's outstanding personal and professional qualities.

Please write a letter of nomination (750 word max) about the physician addressing two or more of the following criteria (please attach):

- Provides patients with compassionate, comprehensive care
- Is a credible role model professionally and personally to other health care professionals
- Is involved with caring for the underserved population
- Makes a difference in the community beyond their job in the clinic/hospital
- Embodies characteristics that makes this individual stand out among others

Additional letters of support may be included with the official letter of nomination. No more than five.

DEADLINE: Sept. 1, 2017

This nomination form and attachments must be emailed to St. Charles Foundation at giving@stcharlesfoundation.org. Questions? Please call 541-706-6996.