



NORTH STAR NOMINATION FORM 2018

Nominee (name):
Where does this physician practice?
Specialty (if known):

Nominator (name):
Phone: Email:
Address:

LETTER OF NOMINATION

The North Star Physician of the Year is sponsored by St. Charles Foundation and St. Charles Health System. This regional award recognizes one outstanding physician each year.

If you would like to nominate a physician, please tell us about him/her. Below are some questions to guide your thinking, but stories are important. Simply let us know how your nominee provides compassionate and comprehensive care.

- What sets your nominee apart from others?
- How does your nominee demonstrate excellence in medical care?
- How does your nominee model professionalism and collaboration with other health care professionals?
- How does your nominee make a difference in Central Oregon beyond his/her role as a physician?

Additional letters of support may be included (up to five).

DEADLINE: Sept. 7, 2018

This nomination form and attachments must be emailed to St. Charles Foundation: giving@stcharlesfoundation.org.

Questions? Please call 541-706-6996.