



CHLM Employer of Excellence (EOE) Nomination Form

Thank you for your interest in nominating your employer to applying to be a 2020-2021 CHLM Employer of Excellence.

The nomination process is simple:

1. Submit form below with at least two administrative contacts who may be interested in applying for the organization's award.
2. The contacts will receive an email to encourage application. These individuals should represent members of your current leadership team (senior or C-level title).

NOTE: All applications must be submitted by the deadline of February 7, 2020 at 11:59 p.m. EST to be considered. Nominations are encouraged at least two weeks prior to deadline (January 24, 2020) to enable ample time to complete the application.

SAMPLE

“*” = Required Fields

I. My Contact Details

First Name*

Last Name*

Title*

Organization Name*

Email Address*

Type of Organization (Please choose one) *

- Academic Medical Center
- Certified Federal Health Clinic
- College or University
- Community Health Clinic
- Convenient Care (including retail clinics)
- Federally Qualified Health Center
- Government
- HMO
- Hospice
- Hospital
- Medical Staffing Agency
- Other Healthcare-Related Corporation
- Physician Practice: Multi-Specialty Group
- Physician Practice: Single Specialty Group
- Physician Practice: Solo Practice

SAMPLE

II. Nomination Statement

Why are you nominating your employer for the 2020-2021 CHLM Employer of Excellence Awards? Please give specific examples of why this employer is an excellence place for PAs to work. Refer to the [award criteria](#) to identify areas of relevance.* (1,000 characters limit, spaces included)

III. Employer Information

We will be notifying your employer of this nomination and encouraging them to apply for the Employer of Excellence Award. Please provide the contact details of up to three administrators who may be interested in learning about this award opportunity and/or likely to be involved in the award application process for your organization.

Primary Administrative Contact

First Name*

Last Name*

Title*

Phone Number (digits only)*

Email Address*

Secondary Administrative Contact

First Name*

Last Name*

Title*

Phone Number (digits only) *

Email Address*

Tertiary Administrative Contact

First Name

Last Name

Title

Phone Number (digits only) *

Email Address

SAMPLE