THANK YOU for

Making It “All Better”
You made a difference today.

On-the-Spot Recognition Program at

Pediatric Specialists of Virginia

Children’s National.  INOVA®
Part 1
Nomination Form

Name of the PSV associate you wish to recognize:
__________________________________________

PSV location: __________________________________

Date: ________________________________

Please give a brief description of what this individual did to make a difference today?
________________________________________
________________________________________

Name of the person nominating the PSV associate:
________________________________________

Please select your relationship to the employee:
☐ Patient ☐ Visitor ☐ Supervisor ☐ Employee/colleague

Please provide your preferred method of contact should one of our Managers or Directors wish to contact you for additional information regarding the excellence recognized today.

Email: ______________________________________

Phone: ______________________________________

Once you have completed Part 1 above, please place it in one of the comment boxes. (You may ask any employee where the boxes are located.) PSV is grateful you took the time to recognize excellence. If you wish to take the recognition form home to complete, please mail it back to the following address: PSV Quality Programs, 3023 Hamaker Ct., Suite 200, Fairfax, VA 22031.
Part 2
PSV Associate Recognition Program Drawing Card

Name of the employee being recognized:

__________________________________________

PSV ID: ___________________________________

PSV location: ______________________________

Date: _______________________________________  

Name of nominator:

__________________________________________

Reason for recognition:

__________________________________________

Manager’s name: (please print)

__________________________________________

Manager’s signature:

__________________________________________

This portion of the card is to be retained by the manager for the prize drawing.
On-the-Spot Recognition Program at PSV recognizes associates on an impromptu basis for special effort, excellent job performance, or for making a positive impact on the life of someone at PSV.

Who can nominate a PSV clinician or staff member? Anyone can submit this recognition for excellence—clinical and administrative staff, patients and visitors, managers, and supervisors.

How do I recognize the individual? Simply complete Part 1 of this card and hand the entire card to the person you would like to recognize, our front desk staff or one of our managers.

What do I do if I am recognized? Hand the entire card to your supervisor to complete. You will be entered to win a prize. Every three months, all of the Recognition Drawing Cards will be collected and one will be chosen at random to receive a prize.

There is no limit to the number of nomination cards any one associate can receive in three months, or throughout the year.