Instructions

PIPE Interprofessional Collaboration Award Nomination Form

Thank you for your interest in the PIPE Interprofessional Collaboration Award!

In order for this team to be eligible, it must be comprised of at least **3 employees** from at least **3 professions** (eg nursing, pharmacy, medicine, physical therapy, administrative staff etc), half of whom are affiliated with at least one of the following: UCSF Health, BCH SF, BCH Oakland. Note: Teams can be clinical care teams or systems improvement teams.

Please complete the following:

Your Information

Your First Name

Your Last Name

Your UCSF email address

Your Role

Second Nominator

Second Nominator - First Name

Second Nominator - Last Name

Second Nominator - UCSF Email Address

Second Nominator - Role

Team Information

Name of Team

Point of Contact for Team - First Name

Point of Contact for Team - Last Name

Point of Contact for Team - UCSF Email Address

Point of Contact's Supervisor - First Name

Point of Contact's Supervisor - Last Name

Point of Contact's Supervisor - UCSF Email Address

Total Number of Team Members

 \checkmark

Team Member 1

Team Member - First Name

Team Member - Last Name





Team Member - Role/Profession

Team Member 2

Team Member - First Name

Team Member - Last Name

Team Member - UCSF Email Address

Team Member - Role/Profession

Team Member 3

Team Member - First Name

Team Member - Last Name

Team Member - UCSF Email Address

Team Member - Role/Profession

Team Member 4

Team Member - First Name

Team Member - Last Name

Team Member - UCSF Email Address

Team Member - Role/Profession

Nomination Statement

Nomination Statements

Please describe how the team demonstrates excellence in one or more of the <u>IPEC</u> <u>Core</u> <u>Competencies for Interprofessional Collaborative Practice</u> (minimum of 200 words).

Give a brief description of how this team embodies one or more of the <u>UCSF PRIDE</u> <u>values</u> through their initiatives or work (minimum of 200 words).

Feel free to add any comments (optional)

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