



*Thank you for nominating an exceptional associate! If you'd like to, please share your information below.*

Your Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Nomination: \_\_\_\_\_

Please contact me if my nominee is chosen so that I may attend the celebration if available.

I am a:

- Nurse
- Provider
- Patient
- Staff
- Volunteer
- Family/Visitor

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**The BEE Award at Olathe Health**  
OMC Education Department  
913-791-4312, option 1



## The BEE Award

*BEE-ing exceptional everyday*

*Recognition for the individuals who model empathy, demonstrate caring attitude, demonstrate extraordinary and compassionate caring, show a positive attitude and professionalism, and go the extra mile to establish that extra special connection with you.*



