

Date

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ROSE Award Nominee Name

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Department

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**REQUIRED:** Please provide the specific circumstance leading to the nomination

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**Thank you for your nomination!**

*Please attach additional paper if needed.*

Your Name

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Phone Number

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Email Address

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I would like to be notified if my nominee is selected.

Please check one

Team Member

Patient

Physician

Visitor / Family Member

Volunteer

## Ways to submit Nominations



### In provided ROSE Award boxes

Various locations throughout the hospital



### In person

Return to the Unit Charge Nurse/Nurse Manager or to Nursing Administration



### By mail

Wellstar Paulding Hospital  
Attn: Nursing Administration  
2518 Jimmy Lee Smith Pkwy  
Hiram, GA 30141



### Email

kimberly.knotts@wellstar.org

