2014 Recognition of Outstanding BSW
2nd Annual BSW Recognition for Social Work Month
Nomination Form

Nomination Deadline: February 14, 2014
Submit to: SocWk-SW of Yr@med.umich.edu

Date: ______________________________

Name of Nominee: _________________________________________________________

Eligibility: Any BSW social worker, with the exception of:
• past recipients (Shae Viers)
• BSW members of the Social Worker of the Year Selection Committee
• those hired after March 1, 2013

Criteria for this recognition will include:
1. Demonstration of advocacy for social work as a profession and service, and for BSW’s within the organization;
2. Consistently exceptional in their work yet also surpass expectations on a consistent basis by going above-and-beyond what is requested for/by colleagues, patients and families
3. Commitment to and model of customer service excellence demonstrated and held as a professional value, recognizing that our customers are patients, families and staff;
4. Participation and leadership in projects and process improvements;
5. Participating in continuing education and other efforts to expand their professional development, including state licensure;
6. Highly valued and respected by team, colleagues and peers.

Nomination: please give specific examples when possible:

• Considering that we have an expectation of service excellence for all BSW’s, why does your nominee warrant your nomination for Outstanding BSW?

• What significant contributions has your nominee made in developing and expanding the role of BSW’s within your clinic/office/department?
• How has the work of this individual improved and influenced patient care at UMHS?

• How does your nominee regularly demonstrate excellence?

• How has your nominee influenced your view of BSW’s?

• What is it about your nominee that makes you take notice? How is he/she “head and shoulders above” other BSW’s in the health system?

Nominator’s Name Printed: ________________________________________________

Nominator’s Unique Name: ________________________________________________

Nominator’s Department Name & Phone #: _________________________________

Your name and the content of your nomination will be shared with your nominee. Please return the completed nomination VIA E-MAIL to: SocWk-SW_of_Yr@med.umich.edu

Please note that there is an underscore before and after the “of” in this e-mail address.

Should you experience any difficulty with your nomination submittal, please contact Mary Ann Wilson at 48052 or at mwils@med.umich.edu Thank you.