Recognize a Team Member Who Exemplifies Our Inova Values

If you would like to recognize an Inova Fair Oaks Hospital team member who has demonstrated one of our Inova Values of Patient Always, Our People, One Team, Integrity and Excellence, please fill out the form on the inside of this card.

Completed nomination forms may be dropped off in any of the Inova Values boxes located near the hospital elevators or outside the Human Resources department, which is located on the first floor, just off of the main lobby.

Our Inova Values

PATIENT ALWAYS
We work with compassion to ensure every action we take puts the patient and family first.

OUR PEOPLE
We create an environment of respect and growth, where contributions are recognized and rewarded.

ONE TEAM
We are stronger together as a unified healthcare system, enriched by our diversity and driven by a shared purpose.

INTEGRITY
We consistently uphold the highest moral and ethical standards and honor our commitments.

EXCELLENCE
We act with courage, hold ourselves accountable, and achieve results at the highest level of performance in our field.

All nominees will receive a recognition letter from our hospital president and be invited to a luncheon in their honor.
Inova Values Nomination Form

I would like to nominate the following individual. (Please note that nominations without last names cannot be processed.)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Date</th>
<th>Department</th>
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This nominee exemplifies the following Inova Value(s):*

☐ **PATIENT ALWAYS**
We work with compassion to ensure every action we take puts the patient and family first.

☐ **OUR PEOPLE**
We create an environment of respect and growth, where contributions are recognized and rewarded.

☐ **ONE TEAM**
We are stronger together as a unified healthcare system, enriched by our diversity and driven by a shared purpose.

☐ **INTEGRITY**
We consistently uphold the highest moral and ethical standards and honor our commitments.

☐ **EXCELLENCE**
We act with courage, hold ourselves accountable, and achieve results at the highest level of performance in our field.

Please let us know why you are nominating this team member:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I am a/an ☐ Inova Team Member ☐ Patient ☐ Visitor ☐ Other

☐ Please contact me, as I wish to further show my gratitude by making a contribution to support Inova Fair Oaks Hospital in their honor. (You may also contact Kari Reed, Director, Philanthropy, at 703.391.3206 or kari.reed@inova.org)

Your name: _______________________________ Dept/phone number (if applicable): _______________________________

Thank you. All nominees will receive a recognition letter from our hospital president and be invited to a luncheon in their honor. Please drop this form in an Inova Values box, located outside Human Resources or near the main elevators.