



**The Sturge-Weber Foundation**  
The stronger the wind, the tougher the trees.

## 2017 Healthcare Provider Recognition Nomination Form

**Nomination Category (please check one per form):**

- ☐ Clinical Physician (preferred within SWF Centers of Excellence)
- ☐ Best Staff Member (listens, understanding, patient and assists well)
- ☐ Nurse or nurse practitioner
- ☐ Research and collaboration (consistently moves forward in research and a teamplayer)

Name of Nominee:

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Name of Office/Clinic:

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Address:

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Phone:

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Email:

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Briefly explain why you believe this nominee deserves recognition.

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Your Name:

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Address:

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Phone:

Email:

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Email completed form to Katrina Nutter, [knutter@sturge-weber.org](mailto:knutter@sturge-weber.org) by April 1, 2017.