

Travis County Medical Society
Unsung Heroes Nomination Form

The purpose of this program is to recognize practice administrators/office managers who assist physician members of the Travis County Medical Society in delivering outstanding quality of care to patients. A winner will be chosen at the end of each quarter.

Please note: The nominating physician must be a TCMS member and work in the same practice as the nominee.

Complete the form below and provide specific examples as to how expectations of this nominee are exceeded. (Examples are required.)

Nominee's Information:

(type or print)

Name: _____

Practice: _____ Job Title: _____

Primary Job Duties: _____

Nominee's Extraordinary Abilities/Professionalism

___ Customer Service	___ Decision Making/Judgment	___ Development of Employees
___ Ethics	___ Finance/Budget	___ Initiative/Planning
___ Innovation	___ Quality of Work	Other _____

Provide examples: _____

Submit additional pages if necessary.

Nominator's Information:

(type or print)

Date: _____ Submitted by _____

Email: _____ Phone: _____

Deadline for submission is the last day of each quarter. (March, June, September, December)

Submit nomination form via email to striggs@tcms.com or fax to 512-450-1326.