

## California ASSOCIATION FOR HEALTH SERVICES AT HOME Home Care Physician of the Year Award HOME CARE AWARDS NOMINEE PROFILE

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*This award honors a physician who excels in providing and utilizing home care, optimizing the role of home care in the health care system.  
Candidates for this award need not be CAHSAH members.*

**Please read these instructions carefully. For additional information on CAHSAH's Home Care Awards Program, please see the cover page included with this nomination profile.**

**Creating a Nomination Profile:**

- Please type or print (in Black/Blue ink only).
- Profiles should be no more than one page (front and back) in length. Complete one profile for each candidate you are submitting.
- Please include the nominee's full name, title, organization, address, and telephone number at the top of the profile.
- Please answer all questions fully and completely. Describe how the candidate meets each of the criteria for the award.
- Please list your name, title, organization, address, and telephone number at the bottom of the profile.
- Email your Nominee Profile to [mlander@cahsah.org](mailto:mlander@cahsah.org).

If you have questions about the nominations process for CAHSAH awards,  
please contact Michele Lander at [mlander@cahsah.org](mailto:mlander@cahsah.org).

Nominee's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

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1. Please give examples of consistent and appropriate home care by this nominee.

2. What has been the effect of the nominee's participation in the home care interdisciplinary team?

3. Give specific examples of how this physician has promoted home care among physician colleagues and payors.
4. In what home care organizational activities has this physician participated, such as governance, education, and research?
5. Please provide additional information to support the nomination of this individual for the Home Care Physician of the Year Award.

Nomination Profile Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_