



The BEE Award NOMINATION FORM

Being Exceptional Everday

Honoring Exceptional Health Care Team Members

The BEE Award can be given to any exceptional general or professional Lake Cumberland Regional Hospital staff member. A staff member is a deserving recipient of this award when they consistently go above and beyond the norm and meet all of the following criteria:

- Treats every person with dignity, respect and loving-kindness
- Inspires collaboration to cultivate joy, pride and a sense of belonging
- Keeps colleagues and patients safe, in every sense of the word
- Drives excellence through learning, innovation and continuous improvement
- Empowers and invests in our people to help them grow and thrive
- Stewards our resources wisely so we can fulfill our mission

Nominee (first and last name) _____

Unit/Department _____ Date _____

Please describe a situation involving your Lake Cumberland Regional Hospital staff member nominee that clearly demonstrates they meet the criteria for The BEE Award:

Thank you for taking the time to nominate an extraordinary staff member for this award. Please tell us about yourself:

I am a (please check one): Patient Family/Visitor Staff Doctor Volunteer

Your name (first and last): _____ Unit/Department: _____

Phone: _____ Email: _____

Please submit nomination forms to the unit or department manager.

A DAISY can't survive without a BEE,
and a BEE can't survive without a DAISY

