

Maryland Patient Safety Center presents:

TURNING THE TIDE:

Culture of Patient Safety Award

MAPSO Turning the Tide: Culture of Patient Safety Award NOMINATION FORM

NAME OF NOMINEE
CONTACT INFORMATION OF NOMINEE
(Title, email and phone number)
(Tide, email and phone namber)
NAME OF NOMINATOR (may be self)
CONTACT INFORMATION OF NOMINATOR
(Title, email and phone number)
NAME OF NOMINEE'S ORGANIZATION
FEDERALLY LISTED PSO ORGANIZATION NOMINEE'S ORGANIZATION IS A MEMBER OF
Please complete this nomination form, attach two letters of support (if self-nominating- two
letters, if nominating a colleague one other letter of support) and a brief bio of the nominee
Additionally, the nominee must submit a 250-word description outlining their commitment to patient safety.
Send to: MPSCAwards@marylandpatientsafety.org
Nomination Requirements:
Your nomination packet must include the following information to be considered.
□ Nomination Form
☐ Two letters of support (if self-nominating- 2 letters, if nominating a colleague one other letter of support)
Nominee's 250-word description outlining their commitment to patient safety
□ Nominee's brief bio (no more than four sentences)
Nominations must be received by November 15, 2023 to: MPSCAwards@marylandpatientsafety.org

