Your Name: ____________________

Phone: ______________________

Email: _________________________

Please contact me if my nominee is chosen as a ROSE honoree so I may attend the celebration if available.

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

Date of nomination: _____________
The nomination deadline is April 1.

If you have any questions, please contact: Hank Muzney, Administrative Assistant, (515) 433-8481 or by email: hmuzney@bchmail.org.

Each ROSE Award honoree will be recognized at a public ceremony.

Thank you for taking the time to recognize our Staff!

BCH ROSE Award Nomination Form

Recognition Of Service Excellence

BOONE COUNTY HOSPITAL

www.boonehospital.com

1015 Union Street
Boone, Iowa 50036

Share your story!

The BCH ROSE (Recognition of Service Excellence) Award is a prestigious recognition within our organization, designed to honor staff who exemplify service excellence throughout our hospital and community. This award celebrates those who go above and beyond in their dedication, innovation, and positive impact on the BCH family.

The BCH ROSE Award is an opportunity to celebrate the outstanding contributions of staff who make our hospital a better place. By recognizing and honoring these individuals, we reinforce the values that define BCH and inspire others to strive for excellence.

If you would like to submit your nomination online, please scan the QR code with your mobile device.

How to Nominate an Extraordinary Staff Member

Anyone may nominate a member of staff by filling out this form and submitting it to Hank Muzney, Administrative Assistant. Nominations are due April 1.

Name of the staff member you are nominating: _____

Department staff works in: _____

Describe how your nominee has contributed to providing or demonstrates Service Excellence:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Was there a specific event or situation that prompted or inspired you to nominate this outstanding employee? Please share your story:

_____
_____
_____
_____
_____
_____

If you need more space, continue on the back of the brochure..

**If you would like to nominate an RN for outstanding service, please use the DAISY Award Nomination*