



**Excellence in Clinical Simulation Training, Education, and Research**

***Executive Leadership Award***

***Calendar Year 2019***

**Submit all nomination materials via e-mail to  
[vhasimexcellenceawards@va.gov](mailto:vhasimexcellenceawards@va.gov)**

**Nominee Information**

<b>Name</b> (as it would appear on award plaque)	
<b>Credentials</b> (e.g., RN, MD, CRNA, FACHE, etc.)	
<b>Position Title</b>	
<b>Location (Facility), Station ID</b>	
<b>Phone</b>	
<b>e-mail Address</b>	

**Submitter Information**

<b>Name</b>	
<b>Position Title</b>	
<b>Location (Facility), Station ID</b>	
<b>Phone</b>	
<b>e-mail Address</b>	

**Narrative Information**

Do not exceed the space allowed in each block

(Maximum input is 20 lines, in Calibri Font, 12 sized, single spaced. Excess input will not be evaluated)

Provide details that describe the nominee's actions, skills, attitudes, and values of VA medical facility or VISN leadership that significantly influenced the success of clinical simulation training, education, and research programs.

- 1. The actions, skills, attitudes and values of medical center or VISN leadership have significantly influenced the success of VHA's clinical simulation training, education and research programs.**

- 2. The nominee has been successful in supporting the creation of a VA medical facility and/or VISN-based simulation training infrastructure (e.g. dedicated simulation center staff, simulation center space, protected time for learners, simulation equipment) that has allowed the dissemination of simulation-based training activities to improve the quality of health care for Veterans.**

3. The nominee has advanced communication about VHA's clinical simulation training, education and research program by hosting VISN or facility simulation events and/or delivering public presentations to VA and non-VA audiences about their facility or health system's simulation best practices.

**Required Documentation** includes

- ☐ Short biography, resume, or Curriculum Vita
- ☐ VA Form 0235 Security Check for Candidate Requiring Approval from the Secretary.

**Required Endorsements:**

Nominee's Medical Center Director

Date

Nominee's VISN Director

Date

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