



## **Clinical Simulation Training, Education, and Research**

### ***Executive Leadership Award***

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

#### **Submitter Information**

**Name, Title:**

**Location (Facility):**

**Phone and E-mail:**

#### **Nominee Information**

**Name, Title:**

**Location (Facility):**

**Phone and E-mail:**

#### **Narrative Information**

Please do not exceed the space allowed.

1. **Provide evidence that the actions, skills, attitudes, and values of medical center or health care system leadership has significantly influenced the success of VHA's clinical simulation training, education, and research programs.**

2. Provide evidence that the nominee's personal contribution has advanced a significant component of VHA clinical simulation training, education, and research strategic plan.

3. Provide evidence that the nominee has advanced communication about VHA's clinical simulation training, education, and research program through public presentations to VHA and non-VHA audiences.

**Required Documentation:** include a short biography, resume, or Curriculum Vita with the nomination package

**Required Endorsements:**

Nominee's Medical Center Director

Date

Nominee's VISN Director

Date