



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

### ***Practice 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 of the practitioner's significant contributions to clinical simulation training, education, and research.**

**2. Provide evidence of the practitioner's contributions that significantly influenced VHA's adoption and use of clinical simulation strategies.**

**3. Provide evidence that the practitioner's contributions have improved learners' competencies and proficiencies locally and system-wide.**

4. Provide evidence that the practitioner has advanced communication about VHA clinical simulation training, education, and research through presentations for VHA and non-VHA audiences and publications easily accessible to VHA clinicians and leaders.

**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