

2010 Woodruff Prize
Nomination Form

Nominee's Name:	Nominator's Name:
Title/Organization:	Title/Organization:
Phone:	Address:
E-Mail:	City. State. Zip:
Professional Background: How many years with this organization? How many in the current position? Other clinical positions held?	Phone: E-mail:

Executive Director's Signature:

The 2010 Woodruff Prize strives to reward and encourage clinical staff doing ordinary jobs extraordinarily well by opening opportunities for future growth. Please attach a statement of no more than 1,000 words that addresses these questions:

1. How does the nominee exemplify characteristics such as commitment, dedication, service, and skill? *Please provide examples.*
2. How has the nominee personally impacted clients, other clinicians at the agency, or their community? *Responses may include information about client behavior change, team communication, clinical expertise, leading training sessions, or other aspects of collegiality.*

All materials must be received by **September 24, 2010**. Please do not send any materials other than those listed above. Send to:

Woodruff Foundation
1422 Euclid Avenue, Suite 627
Cleveland, OH 44115

Call 216/621-2901 or contact cstarkey@fmscleveland.com with questions