

Date

ROSE Award Nominee Name

Department

REQUIRED: Please provide the specific circumstance leading to the nomination

Your Name

Phone Number

Email Address

Ways to submit Nominations



In provided ROSE Award boxes

Various locations throughout the hospital



In person

Return to the Unit Charge Nurse/Nurse Manager or to Nursing Administration



By mail

Wellstar Douglas Medical Center
Attn: Nursing Administration
8954 Hospital Drive
Douglasville, GA 30134



Email

DHprofessionalpractice@wellstar.org

I would like to be notified if my nominee is selected.

Please check one

- Team Member
- Patient
- Physician
- Visitor / Family Member
- Volunteer



Thank you for your nomination!

Please attach additional paper if needed.