



Nomination Form

I would like to nominate _____ from the _____ unit/department as a deserving recipient of The PHIL Award. Please share your experience of how a respiratory therapist has provided professional excellence and compassionate care in the education and care of a specific patient and/or family dealing with pulmonary illness.

Thank you for taking the time to nominate an extraordinary respiratory therapist for this award. Please tell us about yourself, so that we may include you in the celebration of this award should the therapist you nominated be chosen.

Your Name _____ Phone _____ Email _____

I am (please check one): Patient ☐ Family/Visitor ☐ Associate ☐

Date of nomination: _____

Please return this form to: **Hendricks Regional Health**
ATTN: Audrey Dybedock, Respiratory Therapy
1000 E. Main Street, Danville, IN 46122

Or email this form to
philaward@hendricks.org

- ☐ I authorize my name to be used in hospital recognition materials for this respiratory therapist.
☐ I do not authorize my name to be used in hospital recognition materials for this respiratory therapist.

To learn more about The FACES Foundation and The PHIL Award, visit their website:
www.TheFACESFoundation.org.

