



## **Nomination Form**

NAVIGATOR INFORMATION	
Name of Nominee:	
Employer:	
Job Title:	
Direct Supervisor:	
Phone:	
Email:	
Mailing Address:	
NOMINATOR INFORMATION	
Name of Person Nominating:	
Phone:	
Email:	
Mailing Address:	
Relationship to Navigator:	



## Attachment to Nomination Form

Please provide a one- to two-page, typewritten narrative to address the following topics:

- 1. **Timing**: When did the nominee provide navigation services? (If you are or were a patient, what are the dates of treatment or dates of your interaction with the nominee?)
- 2. **Your involvement with the nominee**: How long have you worked with the navigator and in what capacity?
- 3. **Outstanding patient-centered care**: How has the navigator has demonstrated outstanding patient centered care? (Please give specific examples.)
- 4. Outcomes achieved: Describe outcomes that have been achieved, which may include the following:
  - Reducing barriers to care (assisting in accessing resources to overcome barriers and creatively helping with gaps in the available resources to overcome barriers)
  - Improving access to, and timeliness of, cancer services
  - Providing strong support and guidance for timely access to the cancer care system
  - Making the system clearer and to increasing coordination among doctors
  - Helping patients and their loved one understand their diagnosis and treatment plan options.

## **Submission**

Please complete page 1 and return it by May 15, 2023, with the attachment described above to:

Angie Santangelo, LISW-S Cancer Support Community Central Ohio 1200 Old Henderson Road Columbus, OH 43220

Or via email at asantangelo@cancersupportohio.org

<sup>\*</sup>Nominations by patients are weighted higher than coworker nominations, but all nominations are welcome!