

**Chandler Regional Medical Center  
Physician “Principles of Behavior” Nomination Form**

*The **7** Principles of Behavior*

***The physician nominated below exemplifies our  
‘Principles of Behavior’.***

Nominators Name: \_\_\_\_\_

Physician’s Name: \_\_\_\_\_

*Please provide details of how the nominee shows the qualities of the “Principles of Behavior”, and why you believe the above named physician should receive the Principles of Behavior Award. Statement should include sufficient specific data to support nomination.*

**High-Quality Provider:** (Physician provided excellent patient care. This may have included the concern and sensitivity exhibited by the physician along effective communication and/or the amount of time spent with the patient.)

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**Effective Communicator:** (Physician answered questions, received patient input, and explained the illness in a way that could be easily understood.)

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**Exhibits Principles of Behavior:** (Physician treated the patient with courtesy and respect and understood the needs of the patient)

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Please return form to Danielle Goodman, Service Excellence Coordinator