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**Behavioral Health Leader of the Year Award**

Please answer the questions below to complete your nomination for consideration

by the selection committee.

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| **YOUR FIRST AND LAST NAME** |  |
| **Your Job Title and Chimes Location** |  |
| **First and Last Name of Behavioral Health Leader you’re nominating** |  |

Explain why the nominee deserves the **Behavioral Health Leader of the Year Award**, citing specific examples of their **excellence in service, efficiency and effectiveness, collaboration and communication skills, problem-solving abilities, and commitment to continuous improvement.** Use the other side as well, if needed. If you’re completing this paper form, please submit at the designated area indicated by your supervisor.

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