

National Respiratory Patient Advocacy Award Nomination Form



The National Respiratory Patient Advocacy Award is the only nationally-recognized advocacy program dedicated to honoring outstanding registered respiratory therapists nominated by leadership.

Use the form below to nominate a respiratory therapist for this prestigious award or [learn more](#) about the National Respiratory Patient Advocacy Award.

Institutions should send only one nomination form per nominee.
Please include all comments for a nominee on one single form.

Nomination Criteria

Does the nominee hold the Registered Respiratory Therapist (RRT) credential? *

- Yes
 No

Has the nominee been an AARC member longer than 3 years? *

- Yes
 No

Does the nominee spend greater than 50% of their work week in direct patient care? *

- Yes
 No

Does the nominee provide direct patient care in one of the following settings? *

- Hospital/Emergency Department
 Post Acute Care Setting (Pulmonary Rehab, LTAC, etc)
 Physician Office/Clinic
 Diagnostic Lab
 Home Care Setting
 Other

Nominator Information

Nominator's Name *

First

Last

Position (Title) *

Employer *

Email *

Phone *

Nominee Information

Nominee's Name *

First

Last

Position (Title) *

Employer *

AARC Member Number

Address *

Street Address

Address Line 2

City

State / Province / Region

ZIP / Postal Code

Country

Email *

Phone *

Letter of Support

File Attachment *

Attach a file containing a narrative or letter of recommendation describing the nominee's advocacy. Files can be images (tiff, jpeg) or text (.doc, pdf)

Choose File no file selected

Max. file size: 20 MB.

Who has provided this narrative or letter of recommendation? *

- Hospital Leadership
- Department Leadership
- Physician

Qualifications

All nominations **must** include the following information.

Patient/Family Centered Care *

Provide evidence as testimonials or other documentation that nominee is actively engaged or champion of patient/family centered respiratory care within their hospital, department, clinic, post-acute setting and or community.

Quality and Safety *

Provide evidence that nominee is actively engaged in efforts to improve quality and safety of the respiratory care provided by their department and they champion these efforts with their department, institution or at the state or national level.

Advocacy for Respiratory Care as a Profession *

Provide evidence that nominee sets exemplary level of professionalism and clearly demonstrates advocacy for the profession.

Does this nominee meet the definition of an advocate? *

Provide evidence that nominee is a *Champion, Supporter, Promoter, Fighter, Crusader and Proponent*. Do they contribute to the science, technology, ethics and the art of respiratory therapy? Does this person also suggest and/or develop support that leads to public policy change?

Does this nominee work across the continuum of care and/or disciplines? *

Provide evidence that work results in increased integration of programs and services, resulting in improved outcomes for the patients and clients.

Does the nominee's work exemplify best practices? *

Provide evidence that their work results in improved outcomes for patients and clients.

Did the nominee develop an innovative idea or suggestion? *

Provide evidence that nominee's idea resulted in a change of service delivery model, cost savings, time savings, workflow improvement, or general safety improvement.

Submit Nomination