

Recognize Someone

who exemplifies our Shared Beliefs

If you would like to recognize an Inova Fair Oaks Hospital employee, physician or volunteer who has demonstrated one of the six Shared Beliefs of **Compassion, Respect, Excellence, Dedication, Innovation** or **Trust**, please take a moment to fill out the form on the inside of this card. These Shared Beliefs were created by our own employees and help guide us in our daily work.

Completed nomination forms may be dropped off in any of the Shared Belief boxes located near the hospital elevators or outside Human Resources, located on the first floor, just off of the main lobby.

Inova Health System is a not-for-profit healthcare system based in Northern Virginia that consists of hospitals and other health services, including emergency- and urgent-care centers, home care, nursing homes, mental health and blood donor services, and wellness classes. Governed by a voluntary board of community members, Inova's mission is to improve the health of the diverse community it serves through excellence in patient care, education and research. Inova provides a healthy environment for its patients, families, visitors, staff and physicians by prohibiting tobacco use on its campuses.

Our Shared Beliefs

Inova Fair Oaks Hospital

compassion
excellence
innovation
dedication
respect
trust

Our Six Shared Beliefs:

We are guided by the virtue of **Compassion**.

We **Respect** our colleagues, associates and patients.

We are motivated to achieve **Excellence**.

We are **Dedicated** to living our mission.

We embrace **Innovation** as essential to achieving our goals.

We value **Trust** as the cornerstone of all our relationships.

Each nominee will receive a recognition letter from our hospital administrator and be invited to a special luncheon in their honor.

 **INOVA® FAIR OAKS HOSPITAL**

compassion
excellence
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trust

Our Shared Beliefs
Inova Fair Oaks Hospital

www.inova.org

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 **INOVA® FAIR OAKS HOSPITAL**

3600 Joseph Siewick Drive
Fairfax, VA 22033

Shared Beliefs Nomination Form

I would like to nominate:

First Name	Last Name	Date	Department

for the following **Shared Belief** (check only one):

- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Compassion | <input type="checkbox"/> Respect | <input type="checkbox"/> Excellence |
| <input type="checkbox"/> Dedication | <input type="checkbox"/> Innovation | <input type="checkbox"/> Trust |

Please let us know why you are nominating this employee:

I am an employee physician volunteer patient visitor other _____

Your name: _____

Dept/phone number (if applicable): _____

Thank you so much for your time. Each nominee will receive a recognition letter from our hospital administrator and be invited to a special luncheon in their honor and will be eligible for a quarterly drawing. Please drop the nomination form in the Shared Beliefs Box located outside Human Resources (first floor, just off the main lobby) or boxes located near the elevators.

Disclaimer: Please note that nomination forms must be filled out completely. Unfortunately incomplete nomination forms cannot be processed. Only employees are eligible for the drawing.

Name: _____ Date: _____
Emp ID: _____ OU: _____ Cost Center: _____
Best Contact: (phone) _____
Why were you recognized? _____



World of Difference
Drawing Card