

How to nominate a provider for the Birch Award

Patients, visitors, providers and all caregivers may nominate a deserving provider by any of the methods listed below. If you have any questions, please email pamcbirchaward@providence.org.

Mail: Recognition & Retention Council
c/o PAMC Administration
3200 Providence Drive
Anchorage, AK 99508

Interoffice mail: Attn: Recognition & Retention Council
PAMC Administration

Online: [Providence.org/pamcrecognition](https://providence.org/pamcrecognition)

Proudly cosponsored by Providence Alaska Foundation

Providence was built on philanthropy. As a not-for-profit health system, led by Mother Joseph, the Sisters of Providence built the first hospital in Nome more than 100 years ago with donations from gold miners. The excellent care that people continue to receive at Providence is due, in large part, to the support we receive from the community. For more information about making a charitable gift to show your appreciation for superior service, visit ProvidenceAlaskaFoundation.org or call 907-212-3600.

*Made possible by the Providence Alaska Medical Center
Recognition & Retention Council and Providence Alaska Foundation.*



Nominate a provider:
Birch Award



What is the Birch Award?

The Birch Award is a Providence Alaska Medical Center program that celebrates the extraordinary skills and compassionate service of a Providence credentialed provider (e.g., doctor, nurse practitioner, physician assistant). We are proud to recognize these providers.

Birch Award honorees:

- Exemplify compassionate care to patients, their families and other caregivers
- Consistently demonstrate the Providence core values of compassion, dignity, justice, excellence and integrity
- Consistently demonstrate Caring Reliably principles
- Serve in a way that positively affects those around them, the organization and/or community

Each Birch Award honoree will be recognized in a ceremony.

Submit your information

Please tell us about yourself so that we may contact you should the caregiver you nominated be chosen.

First name:

Last name:

Unit/service area:

Phone:

Email:

I am a (please check one): Caregiver Patient Family/Visitor Provider

Date of nomination:

Nominations received after the end of a quarter may be considered for the following quarter's Birch Award.

I would like to nominate:

First name:

Last name:

Unit/service area:

Describe a situation in which the Birch Award nominee demonstrated the Mission and core values of Providence and the Caring Reliably principles. See Providence.org/pamcrecognition.

Also describe how the nominee positively affected you and why you are nominating them for this award.

Please use a story format and attach a separate sheet of paper if needed for your nomination letter.