How to nominate a caregiver for the Fireweed Award

Patients, visitors, providers and all caregivers may nominate a deserving caregiver by any of the methods listed below. If you have any questions, please contact the Fireweed Award program coordinator, Leslie Bagley at 907-212-4792.

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

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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.

Providence

Nominate a caregiver:

Fireweed Award

Providence

What is the Fireweed Award?

The Fireweed Award is a Providence Alaska Medical Center program that celebrates the extraordinary skills and compassionate service of a Providence caregiver in a non-nursing and non-supervisory role. We are proud to recognize these caregivers.

Fireweed 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
- Support patient-centered care
- Use a team approach in the delivery of care, inclusive of physicians, patients and their families

Each Fireweed Award honoree will be recognized in a ceremony.

Submit your information: Please tell us about yourself.

First name: Last name:

Unit/service area:

Phone: Email:

I am a (please check one): ☐ Patient ☐ Family/Visitor ☐ Provider
☐ Caregiver in a supervisory role ☐ Caregiver in a non-supervisory role

Date of nomination:

I would like to nominate:

First name: Last name:

Unit/service area:

Describe how the nominee positively affected you and why you are nominating them for this award. Provide details.

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