



## ALL-STAR NOMINATION FORM

A truly great **ALL-STAR** gives dignity to others, going above and beyond to contribute to their quality of life. HCPC wants to pay tribute to the front-line **ALL-STARs** in our community who are thoughtful, helpful, provide compassionate care, and give so much of themselves in service of others.

Please take time to nominate and honor that **ALL-STAR** today!!

One nomination per form. Please fill out this form or attach additional typed documentation and mail to:

**Health Care Providers Council, Attn: All-Star Awards, PO Box 64735, University Place, WA 98466.**

You can also email it to the committee: [admin@healthcareproviderscouncil.org](mailto:admin@healthcareproviderscouncil.org).

**Nomination forms accepted now through Friday, April 24th, 2026 to be considered.**

Get tickets, event details, and **submit this form online instead** at: [www.healthcareproviderscouncil.org](http://www.healthcareproviderscouncil.org).

**The HCPC ALL-STAR AWARDS will be held on Thursday, May 28th from 6pm - 9pm  
at Our Church - 5000 67th Ave W, University Place, WA 98467**

**Name of ALL-STAR you are nominating:** \_\_\_\_\_

Their place of employment: \_\_\_\_\_ Phone: \_\_\_\_\_

What is their position: \_\_\_\_\_

What department are they in: \_\_\_\_\_

**Nominator Contact Information (person filling out this form):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

How do you know the nominee? \_\_\_\_\_

Email: \_\_\_\_\_ **Complete pg. 2 →**

