



Nomination Packet

Required Form: Leadership Attestation

Nominee

Nominator

Your Name

Your Leadership role with respect to this nominee (e.g., Department Chair, Division Chief, Physician leader of Penn Specialty Practices/Penn Primary Care, Chief Executive Officer of Lancaster General Hospital, Princeton Medical Center, Chester County Hospital, or Penn Medicine at Rittenhouse)

Leadership Attestation Statements

I acknowledge and am in support of the nominee in fulfilling responsibilities associated with being designated as a member of The Academy of Master Clinicians

I attest that professionalism expectations have been met by the nominee as follows:

Lack of state-board sanctions

Minimal founded patient & safety complaints

Minimal professionalism concerns captured in learner evaluations, Penn Safety Net, etc.

Absence of active remediation plan

Your Digital Signature