

# Nominate an outstanding respiratory therapist for The PHIL Award!

The PHIL Award (Pulmonary Health and Illnesses of the Lungs) was established by The FACES Foundation to recognize outstanding respiratory therapists who provide care and treatment for patients with respiratory illnesses. Sharman Lamka established The PHIL Award as part of The FACES Foundation after her husband, Philip C. Lamka, passed away from an Interstitial Lung Disease (ILD). Sharman wanted to establish a way of acknowledging the valuable role that respiratory therapists play in the lives of patients with life-threatening pulmonary illnesses.

The PHIL Award honors the 'unsung heroes' in the respiratory therapy profession who understand that each breath matters. Valley Health takes pride in implementing The PHIL Award program to honor respiratory therapists.

### **How will Recipients be Recognized?**

PHIL Award recipients are presented a certificate of recognition and the Appreciation sculpture, adapted by artist MK Shannon specifically for The FACES Foundation. The sculpture represents the appreciation patients and their family members have for respiratory therapists that work hard to help them breathe easier. Along with the sculpture, information about the recipient and why they were selected will be displayed at Valley Health.

### Nominating a Respiratory Therapist

- The PHIL Award will be given annually to one respiratory therapist, who has been nominated on the basis of professional excellence and compassion in the education and care of patients with pulmonary illness.
- Respiratory therapists may
  be nominated for the award
  by patients and their family
  members, visitors, peers,
  and physicians. RT's
  working in all areas of
  inpatient, assisted breathing
  center, and outpatient
  services including
  Pulmonary Diagnostics,
  Pulmonary Rehabilitation,
  and the Sleep Center
  may be considered for
  nomination.

Use the back side of this form to share your experience of outstanding care and treatment with us.





## The PHIL Award® NOMINATION FORM

#### I would like to nominate:

First Name	Last Name
Unit/Department	
I am a(an): Patient	Family Member Visitor Physician Employee
Your Name	
Todi I varrio.	
Phone:	Email:
Please check one:	
Lauthoriza my namo to	be used in hospital recognition materials for this respiratory therapist.
rauthorize my hame to	be used in nospital recognition materials for this respiratory therapist.
I do not authorize my n	name to be used in hospital recognition materials for this respiratory therapist.
Signature:	Date:

**Share your experience of outstanding care and treatment with us.** Please provide details of how a respiratory therapist has provided professional excellence and compassion in the education and care of a specific patient and/or family dealing with pulmonary illness.