



Awards in Excellence

Outstanding Patient Experience Innovation

Applicant Information

Company Name: _____ Date: _____

Applicant Name: _____ Title: _____

Address _____ City _____ Zip _____

Contact Telephone: _____ Email: _____

Name of Patient Experience Innovation: _____

Entry Criteria:

- √ Improvement must be measurable and demonstrate improvement in patient experience.
- √ Innovation must be unique to the practice and developed by the practice.
- √ The patient experience innovation must have been in place at least six (6) months before application for award

Additional Eligibility Requirements are as follows:

- Entries previously entered but not selected as finalists or award winners may be entered again.
- Entries are not accepted from jurors, their companies, or those companies' subsidiaries in the year they act as jurors.

Please include a cover letter along with relevant information and this application for submission.

Submit to: Back Pain Centers of America
Kathy Hebert
KHebert@BackPainCenters.com

