



2011 ROCSTAR Nomination Form

*Please limit the number of supporting documentation pages to three per nomination.

Select One: Please check the appropriate box.

Provider Telephone **Provider Written** **Provider Outreach & Education**

Name of Nominee: _____

Name of Contractor: _____

Contact Center location (city/state): _____

Program: Please choose one: FI / Carrier / DME MAC / A/B MAC

Name of Nominee's Manager: _____ Telephone # (____) _____

Address to mail nomination certificate/ROCSTAR award:
(Must be a physical address, no P.O. Boxes, please):

Is nominee meeting QCM/QWCM standards? Yes / No / Not applicable (trainers and others not responding to telephone or written inquiries)

Please describe the results achieved by the nominee that support the goal of the PCSP (add additional sheets, if necessary*):

Please describe the supporting documentation submitted for this nomination, including agent ID for remote monitoring purposes, if appropriate and available (add additional sheets, if necessary*):