

**THE HACKENSACK MERIDIAN *HEALTH*  
MOSAIC AWARD  
FOR INTER- PROFESSIONAL TEAM BASED CARE**



**The 2026 Mosaic Award in Recognition of the Work of  
Inter-Professional Teams/Groups and their Contributions in  
Influencing the Clinical Care of Patients**

**Award Criteria:**

- ★ The Inter-professional team must be led or Co-Led by a Registered Nurse and must include interdisciplinary team members.
- ★ The nomination must document how the team's project has had a positive impact on the clinical care of patients.
- ★ The team may nominate themselves or may be nominated by a colleague, patient, leader or physician.
- ★ A completed application form must be submitted
- ★ The Award will be presented annually during Nurses Week

**DEADLINE FOR NOMINATION: March 13, 2026**

## 2026 Mosaic Award Inter-Professional Team Nomination Form

Interdisciplinary Team Project Name: \_\_\_\_\_

Date Project started: \_\_\_\_\_ Date Project completed: \_\_\_\_\_

Team Leader: \_\_\_\_\_ Credentials: \_\_\_\_\_ HMH Campus: \_\_\_\_\_

Team Co-Leader \_\_\_\_\_ Credentials: \_\_\_\_\_ HMH Campus: \_\_\_\_\_

Team Leader Contact Information: Unit/Division \_\_\_\_\_

Telephone: \_\_\_\_\_ Email \_\_\_\_\_ Cell \_\_\_\_\_

	Team Member Names	Credentials	HMH Campus	Discipline
1.	Team Leader:			
2.				
3.				
4.				
5.				

(Add additional members on the narrative as needed)

Nominated by \_\_\_\_\_ Position \_\_\_\_\_ Campus: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Attach the following:

1. Narrative Statement not to exceed 2 pages addressing:
  - Provide an outline/overview of the project with dates, number of campuses participating, purpose, scope etc. (May be only one campus)
  - Document how the team exhibited an improvement and commitment to excellence in patient care. What did the inter-professional group/team do to influence the clinical care of patients?
  - Document specific contribution(s) and measurable outcomes from the project  
This can include quality indicators, abstracts, presentations, publications.
2. Any additional documentation to support the nomination

**Preferred Option:** Submit your completed application to Ann May Center by Scanning the completed application and supporting paperwork as one document (not as a link or shortcut) EMAIL to: [AnnMayCenter@HMHN.org](mailto:AnnMayCenter@HMHN.org) or MAIL to HMH Ann May Center, 100 Tormee Drive, 2nd Floor, Tinton Falls, NJ 07712