



Chapter of the Year Award - is presented to the IAHSS Chapter showing the greatest initiative and / or innovation in promoting the healthcare security and safety profession, as well as IAHSS

The nomination must specifically define the *measurable achievements and accomplishments* of the nominated Chapter within the thirty-month period preceding the nomination.

Documentation attesting to the *measurable achievements* of the nominated chapter are to be included for evaluation and consideration by the Nomination Review Committee.

NOMINEE: _____

_____ Sponsorship, hosting or co-sponsoring or co-hosting of:

- IAHSS annual conference
- regional seminar / educational program
- formal educational / training program

_____ Significant contributions to the healthcare security and / or safety profession including, but not limited to:

- identification and resolution of problems unique to healthcare within the geographic area
- research which significantly enhances, rejects, tracks or recommends revision of specific security and / or safety programs or practices within healthcare

_____ Overall consistency, quality, innovativeness of sponsored educational programs, as well as achieved attendance

_____ Chapter involvement or representation as a recognized authority on municipal, state, province and / or regional healthcare security and safety issues

_____ Consistency, quality and timeliness of Chapter / Regional meeting announcements, agenda, minutes, newsletters and other documents provided to the membership, copies of which simultaneously forwarded to the IAHSS office

Nominations may be submitted by any IAHSS member in good standing, administrator of a healthcare facility or manager of a contract security provider employing an IAHSS member in good standing.

The nominations **MUST BE RECEIVED** by the IAHSS Foundation Awards Committee by January 30th of each calendar year.

This nomination form is designed as a checklist to assist you in completing the nomination.

E-Mail your nomination along with all supporting documentation to: info@iahss.org



>> This page must be completed by the individual / entity submitting the nomination <<

Full Name of Individual Submitting Nomination _____

Organization and Title _____

Telephone _____

E-Mail _____

Name of Award _____

Name of Nominee _____

Address of Nominee _____

Telephone _____

E-Mail _____

Date Nomination Submitted _____

Nominations may be submitted by any IAHSS member in good standing, administrator of a healthcare facility or manager of a contract security provider employing an IAHSS member in good standing.

The nominations **MUST BE RECEIVED** by the IAHSS Foundation Awards Committee by January 30th of each calendar year.

This nomination form is designed as a checklist to assist you in completing the nomination.

E-Mail your nomination along with all supporting documentation to: info@iahss.org