



## Nomination Form for IAHSS Chapter/Region of Distinction

The *IAHSS Chapter/Region of Distinction* is recognized for demonstrating the greatest initiative and/or innovation in promoting the healthcare security and safety profession, as well as the International Association for Healthcare Security and Safety.

Nominations must specifically define the *measurable achievements and accomplishments* of the Nominated Chapter/Region within the thirty month period preceding nomination.

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

Nominee: \_\_\_\_\_

- \_\_\_\_\_ Sponsorship, hosting or co-sponsorship or co-hosting of:
  - IAHSS annual general meeting
  - Regional seminar/Educational program
  - Formal educational/training programs
- \_\_\_\_\_ 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 geographical area/region or healthcare in general
  - 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 are simultaneously forwarded to the IAHSS office.

This nomination form is designed as a checklist to assist you in completing the nomination. Attach documentation to this completed checklist and submit.



# IAHSS FOUNDATION

***Dedicated to Research and Education  
in Healthcare Security and Safety***

***This section to be completed by the individual / entity submitting the Nomination***

FULL NAME of INDIVIDUAL SUBMITTING NOMINATION: \_\_\_\_\_

ORGANIZATION and POSITION: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

NOMINATION for: \_\_\_\_\_

(specify Nomination category)

FULL NAME of INDIVIDUAL / ENTITY NOMINATED: \_\_\_\_\_

ADDRESS of NOMINEE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE NOMINATION COMPLETED: \_\_\_\_\_ DATE NOMINATION SUBMITTED: \_\_\_\_\_

***- This section to be completed by the Nomination Review Committee -***

DATE NOMINATION RECEIVED – IAHSSFoundation OFFICE: \_\_\_\_\_

DATE IAHSSFoundation COMMITTEE REVIEW INITIATED: \_\_\_\_\_

DATE IAHSSFoundation COMMITTEE REVIEW CONCLUDED: \_\_\_\_\_

***- Decision rendered by the Nomination Review Committee -***

RECOMMENDATION:

COMMITTEE MEMBER: Score: \_\_\_\_\_ Approve: \_\_\_\_\_ Deny: \_\_\_\_\_

COMMITTEE MEMBER: Score: \_\_\_\_\_ Approve: \_\_\_\_\_ Deny: \_\_\_\_\_

COMMITTEE MEMBER: Score: \_\_\_\_\_ Approve: \_\_\_\_\_ Deny: \_\_\_\_\_

DECISION:

COMMITTEE CHAIRPERSON: Total Score: \_\_\_\_\_ Approve: \_\_\_\_\_ Deny: \_\_\_\_\_

BOARD OF DIRECTORS NOTIFIED: \_\_\_\_\_

***- Notification of the Decision of the Nomination Review Committee -***

IAHSSFoundation OFFICE NOTIFIED: \_\_\_\_\_

INDIVIDUAL / ENTITY SUBMITTING NOMINATION: \_\_\_\_\_

INDIVIDUAL / ENTITY NOMINATED: \_\_\_\_\_

***Decision Recorded*** Date \_\_\_\_\_

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