



**IAHSS Foundation Research and Innovation Award** - is presented to a person who has distinguished himself/herself throughout a fulfilled professional career devoted to the furtherance of the purpose and aims of the IAHSS Foundation and IAHSS.

The nomination must specifically define the *achievements or service attributed to the nominee throughout a fulfilled professional career.*

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

NOMINEE: \_\_\_\_\_

\_\_\_\_\_ Evidence that the nominee was continuously an active and participating member of IAHSS for a minimum of eighteen (18) years

\_\_\_\_\_ Evidence that the nominee had achieved six continuous re-certifications as a CHPA (Certified Healthcare Protection Administrator)

\_\_\_\_\_ Evidence that, at a minimum, the nominee had been elected or appointed to and successfully served on the IAHSS Foundation or the IAHSS Board, volunteer leadership positions or chapter offices.

\_\_\_\_\_ Curriculum vitae of the nominee including specific information defining:  
\_\_\_\_\_ at least ten significant achievements directly contributing to healthcare security, safety and / or risk management

or

\_\_\_\_\_ a professional career dedicated to providing a continuous high level of service in the disciplines of healthcare security, safety and / or risk management

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 30<sup>th</sup> 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](mailto: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 \_\_\_\_\_

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