



Lindberg Bell Program of Excellence Award - is presented to a facility which has established, administered, and maintained an outstanding healthcare security and safety program.

The nomination must specifically define the *measurable advancements in the total protection program within the preceding, full, thirty months period.*

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

NOMINEE: _____

- _____ Specific levels of programs, systems and services provided, but not limited to:
- | | |
|---|-----------------------|
| _____ crime prevention | _____ risk management |
| _____ security | _____ safety |
| _____ parking | _____ staff education |
| _____ contingency and emergency response operations | |
| _____ information and communication | |
| _____ personnel training (basic, advanced, supervisor, chpa) | |
| _____ professional liaisons (intra/inter facility, municipal, regional, federal agencies) | |

_____ Innovative programs, processes and systems providing application of contemporary / state of the art technology and operational methods in, but not limited to:

- | | |
|--|--------------------------------|
| _____ personnel identification | _____ access control |
| _____ detection and screening | _____ incident response |
| _____ integrated reporting / archiving | _____ video and communications |

_____ Measurable:

- | |
|--|
| _____ favorable operational results achieved in all programs, processes and services |
| _____ favorable financial savings achieved in all programs, services and processes |

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 _____

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