



Nomination Form for the Philip A. Gaffney Faculty Chair

The *Philip A. Gaffney Faculty Chair* is presented to an individual, institution, or firm *best exemplifying advancement of the purposes and aims of the IHSS Foundation through demonstrated achievement in the profession and disciplines of healthcare security, safety and/or risk management.*

Nominations must specifically define the *demonstrated achievements attributed solely to the nominee and the ensuing lasting effects on the profession and disciplines of security, safety, and/or risk management.*

Documentation attesting to the *demonstrated achievements* of the nominee are to be included for evaluation and consideration by the Nomination Review Committee.

Nominee: _____

Achievements:

_____ Promotion and development of educational research into the improvement of healthcare security, safety, and/or risk management.

And/or

_____ Acquisition, compilation and dissemination of resources, research materials and publications in the discipline of healthcare security, safety, and /or risk management.

And/or

_____ Educational papers, texts, articles, or treatise in the disciplines of healthcare security, safety and/or risk management authored by the nominee.

And/or

_____ Recommendation of design, construction or retrofit of facilities that best exemplify state of the art technology and basic principles of personal and asset protection.

_____ Curriculum vitae of the nominee to include: professional accomplishments/achievements, educational accomplishments/achievements, career accomplishments/achievements, and professional goals.

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

IAHSSFoundation 8420 W. Bryn Mawr Ave., Suite 1020 Chicago IL 60631
888-353-0990 www.iahssf.org



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 TITLE: _____

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: _____

IAHSSFoundation 8420 W. Bryn Mawr Ave., Suite 1020 Chicago IL 60631
888-353-0990 www.iahssf.org