



Nomination Form for Distinguished Lifework Achievement/Service

The *Distinguished Lifework Achievement/Service Medal* is presented to an individual who has distinguished himself/herself throughout a fulfilled professional career devoted to the furtherance of the purpose of the International Healthcare Security and Safety Foundation and the goals and objectives of the International Association for Healthcare Security and Safety.

Nominations 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 nominee 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 18 years.
- _____ Evidence that the nominee had achieved six continuous re-certifications as a Certified Healthcare Protection Administrator (CHPA)
- _____ Evidence that, at a minimum, the nominee had been elected or appointed to and successfully served on the IAHSS or IHSSF 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.

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 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 CENTRAL 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: _____
(method) (day) (month) (year)

- Notification of the Decision of the Nomination Review Committee -

IAHSSFoundation CENTRAL OFFICE NOTIFIED: _____

INDIVIDUAL / ENTITY SUBMITTING NOMINATION: _____

INDIVIDUAL / ENTITY NOMINATED: _____

Decision Recorded

Secretary - Board of Directors _____ Date _____

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