



Nomination Form for Lindberg Bell Program of Distinction

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

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

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

Nominated facility: _____

Specific levels of programs, systems and services provided, but not limited to:

- _____ Crime prevention
- _____ Risk management
- _____ Security
- _____ Safety
- _____ Parking
- _____ Contingency and Emergency Response operations
- _____ Information and communication
- _____ Staff education
- _____ 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
- _____ Intrusion alarms
- _____ Incident response
- _____ Integrated electronic reporting/archiving

Measurable:

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

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 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 _____