



Valor Award - is presented to a person for *selfless and / or courageous act taken at risk of their own life with full awareness of the danger involved.*

The nomination must specifically define the *selfless or courageous act* attributed to the nominee, and the ensuing effect on the facility, community, region and relationship with various municipal, state and / or regional agencies.

Documentation attesting to the *selfless or courageous acts* of the nominee are to be included for evaluation and consideration by the Nomination Review Committee.

NOMINEE: _____

_____ Copies of all documentation including but not limited to:

- _____ incident reports
- _____ administrative reports
- _____ witness statements
- _____ unsolicited correspondence from unbiased sources
- _____ copies of external agency reports (i.e. law enforcement, fire, etc)
- _____ media articles, including video (if available)

_____ Documents clearly defining:

- | | |
|-----------------------------------|-----------------------------|
| _____ sound judgement | _____ courage |
| _____ abilities under stress | _____ use of learned skills |
| _____ appropriateness of response | |

_____ Curriculum vitae of nominee, to include:

- _____ professional accomplishments / achievements
- _____ educational accomplishments / achievements
- _____ career accomplishments / achievements
- _____ professional goals

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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