



## Nomination Form for IAHSS Chapter/Region of Distinction

The *IAHSS Chapter/Region of Distinction* is recognized for demonstrating the greatest initiative and/or innovation in promoting the healthcare security and safety profession, as well as the International Association for Healthcare Security and Safety.

Nominations must specifically define the *measurable achievements and accomplishments* of the Nominated Chapter/Region within the thirty month period preceding nomination.

Documentation attesting to the *measurable achievements* of the nominated Chapter/Region are to be included for evaluation and consideration by the Nomination Review Committee.

Nominee: \_\_\_\_\_

- \_\_\_\_\_ Sponsorship, hosting or co-sponsorship or co-hosting of:
  - IAHSS annual general meeting
  - Regional seminar/Educational program
  - Formal educational/training programs
- \_\_\_\_\_ Significant contributions to the healthcare security and/or safety profession, including but not limited to:
  - Identification and resolution of problems unique to healthcare within the geographical area/region or healthcare in general
  - Research which significantly enhances, rejects, tracks, or recommends revision of specific security and/or safety programs or practices within healthcare
- \_\_\_\_\_ Overall consistency, quality, innovativeness of sponsored educational programs, as well as achieved attendance.
- \_\_\_\_\_ Chapter involvement or representation as a recognized authority on municipal, state, province, and/or regional healthcare security and safety issues.
- \_\_\_\_\_ Consistency, quality and timeliness of Chapter/Regional meeting announcements, agenda, minutes, newsletters, and other documents provided to the membership, copies of which are simultaneously forwarded to the IAHSS office.

The Nomination Review Committee will evaluate and consider, among other factors, the risk taken by the nominee protected or compromised his/her own safety, the safety of others, and/or the security of the facility and its human and physical assets.

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



**This section to be completed by the individual / entity submitting the Nomination**

NOMINATION for: \_\_\_\_\_  
(specify Nomination category)

FULL NAME of INDIVIDUAL / ENTITY NOMINATED:  
\_\_\_\_\_

ADDRESS of INDIVIDUAL / ENTITY NOMINATED:  
\_\_\_\_\_  
(number / street) (city / town) (state / province) (country) (postal code)

\_\_\_\_\_  
(telephone number) (E-mail address)

DATE NOMINATION COMPLETED: \_\_\_\_\_  
(day) (month) (year)

DATE NOMINATION SUBMITTED: \_\_\_\_\_  
(day) (month) (year)

**- This section to be completed by the Nomination Review Committee -**

DATE NOMINATION RECEIVED - IHSSF CENTRAL OFFICE: \_\_\_\_\_

DATE IHSSF COMMITTEE REVIEW INITIATED: \_\_\_\_\_

DATE IHSSF 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 if the Decision of the Nomination Review Committee**

IHSSF CENTRAL OFFICE NOTIFIED: \_\_\_\_\_

INDIVIDUAL / ENTITY SUBMITTING NOMINATION: \_\_\_\_\_

INDIVIDUAL / ENTITY NOMINATED: \_\_\_\_\_