



Nomination Form for the Russell L. Colling Medal for Literary Achievement

The *Russell L. Colling Medal for Literary Achievement* is presented to an individual who, *through his/her literary abilities*, has made a *significant and lasting contribution* to healthcare security, safety and/or risk management profession.

Nominations must specifically define the *literary abilities* ascribed to the nominee and the ensuing *lasting effects* on the profession and disciplines of security, safety, and/or risk management.

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

Nominee: _____

_____ Authorship of articles in publications of the International Association for Healthcare Security and Safety.

And/or

_____ Authorship of industry related text having overall impact on the healthcare security, safety and/or risk management profession.

And/or

_____ Presentation of a significant industry related subject at professional or industry seminars or training programs.

_____ Curriculum vitae of the nominee to include:

- professional accomplishments/achievements
- educational accomplishments/achievements
- career accomplishments/achievements

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 -

FULL NAME of INDIVIDUAL SUBMITTING NOMINATION: _____

TABLE of ORGANIZATION POSITION: _____

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

- Notification of the Decision of the Nomination Review Committee -

IHSSF CENTRAL OFFICE NOTIFIED: _____

INDIVIDUAL / ENTITY SUBMITTING NOMINATION: _____

INDIVIDUAL / ENTITY NOMINATED: _____

Decision Recorded

Secretary - Board of Directors _____ Date _____