



## 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 IAHS 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 IAHS 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.



**- 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 \_\_\_\_\_