



## 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.



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