



Nomination Form for Medal of Distinction

Medal of Distinction is presented to an individual who, *through individual action or initiative, has made a significant and lasting contribution to the healthcare security, safety and risk management profession.*

Nominations must specifically define the *individual action or initiative* attributed to the Nominee, and the ensuing effect on the facility, community, region and relationships with various municipal, state, and/or regional agencies.

Documentation attesting to the *individual action or initiative* attributed to the Nominee is to be attached 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 (e.g. law enforcement, fire, etc.)
- _____ Media articles, including video tapes

Documents clearly defining:

- _____ Sound judgment
- _____ Courage
- _____ Abilities under stress
- _____ Use of learned skills
- _____ Appropriateness of response

Curriculum vitae of the nominee, to include:

- _____ Professional accomplishments/achievements
- _____ Educational accomplishments/achievements
- _____ Career accomplishments/achievements
- _____ Professional goals

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: _____

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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 _____