



## Nomination Form for Medal of Merit

Medal of Merit is presented to an individual who *distinguishes himself/herself by an act of personal fortitude above and beyond the call of duty not taken at the risk of his/her own life.*

Nominations must specifically define the *act of fortitude* 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 *act of personal fortitude* of 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: \_\_\_\_\_

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 \_\_\_\_\_