

## 2024 Award of Merit – Nomination Form

Return nomination form by **Sept. 27, 2024**, to Molly Kelly at [mkelly@IHAconnect.org](mailto:mkelly@IHAconnect.org)

The Indiana Hospital Association recognizes outstanding personal achievement in support of the humanitarian and management goals of Indiana health care institutions. The 2024 IHA Awards Committee is seeking nominations for the Association's *Award of Merit*. Nominations may be made by anyone affiliated with an IHA member organization.

The winner will be announced at the Annual Meeting on Nov. 13-14 at The Westin Indianapolis.

**Purpose:** To recognize individuals from Indiana, other than IHA member CEOs, who have given outstanding service to the health care field.

**Criteria:** The recipient must meet the following criteria:

- Has made noteworthy contributions to the health care field.
- Is an Indiana resident.
- Has demonstrated a devotion to the interests and goals of hospitals and the humanitarian services they provide.

In addition to the criteria above, the following also apply to the Award of Merit:

1. Nominations must be in the form of a letter to the Chair of the Awards Committee, Carol Dozier. The letter should be accompanied with background material that details the significant contributions of the nominee to hospitals and/or health care. Supportive and clarifying information may be included. Please do not submit video presentations.
2. Nominees must be residents of Indiana.
3. Chief executive officers of IHA members are not eligible.



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Name of nominee \_\_\_\_\_

Title of nominee \_\_\_\_\_

Hospital/Organization \_\_\_\_\_

Address \_\_\_\_\_

Years in present position \_\_\_\_\_

### **Nominations must be in the form of a letter to Awards Chair Carol Dozier**

The letter should be accompanied with background material that details the significant contributions of the nominee to hospitals and/or health care. Supportive and clarifying information may be included.

Nominated by \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Phone number \_\_\_\_\_