



## 2018 *Indiana Caregiver of the Year Award* Nomination Form

Each year, the Indiana Hospital Association presents its awards for outstanding achievement at its Annual Membership Meeting.

### ***Indiana Caregiver of the Year Award***

**Purpose:** The *Indiana Caregiver of the Year Award* recognizes an individual in the health care industry who is making a significant impact on the quality of health care in Indiana, goes above and beyond expected duties, demonstrates exceptional leadership qualities, manifests the mission and values of his or her organization and is engaged in the community.

The award honors an individual whose performance in the delivery of care is considered exemplary by patients and peers. Judges will consider longevity in the field and submitted evidence of the nominee's effectiveness, including testimonials from superiors, peers and patients.

Five finalists will be selected and the winner will be announced at the Annual Membership Meeting.

#### **Criteria:**

- Each hospital is permitted to nominate one individual
- Health systems are encouraged to submit nominations from each of their hospitals but may select one nominee to represent an entire health system
- Eligible persons must be a current employee of an IHA member hospital
- The nominee should be a direct caregiver but is that is not a requirement. Support personnel are also eligible if they exemplify the qualities represented by this award

In addition to the rules, the following also apply to the *Indiana Caregiver of the Year Award*:

1. Nominations must include a summary of the nominee and detail the nominee's leadership abilities, willingness to go beyond the call of duty, commitment to the community and a reflection of the mission and values of his or her organization. Supportive and clarifying information may be included. Please do not submit video presentations.
2. Nominees must be residents of Indiana.
3. Chief executive officers and other hospital administrators of IHA members are not eligible.
4. Two high resolution digital photos must be submitted for each nominee:
  - Headshot - a front-on photo of the nominee with minimal or no surroundings
  - Environmental - an action shot to show the nominee doing his or her job in the work setting. Photos displaying patient interaction are encouraged. Please edit out any protected health information

Please send these photos to [jhurtubise@IHAconnect.org](mailto:jhurtubise@IHAconnect.org).



## 201 Nomination Form

### Indiana Caregiver of the Year Award

Return nomination form by **May 30** to **Fay Pitz** of the **Indiana Hospital Association** at **500 N. Meridian St., Suite 250, Indianapolis, IN 46204.**

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

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

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

Address \_\_\_\_\_

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

#### Nominations can be made in short answer paragraphs

The nomination should include a summary of the nominee and detail the nominee's leadership abilities, willingness to go beyond the call of duty, commitment to the community and a reflection of the mission and values of his or her organization. Supportive and clarifying information may be included.

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

Title \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

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