



Douglas J. Leonard Indiana Caregiver of the Year Award 2019 Nomination Form

Overview

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: The recipient must meet the following 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 that is not a requirement. Support personnel are also eligible if they exemplify the qualities represented by this award

Rules:

1. Nominations may be made by anyone affiliated with an IHA member.
2. Nominations must be received by **Aug. 30**.
3. Awards will be presented during the IHA Annual Awards Luncheon on Oct. 25.
4. Nominees who are not selected may have nominations updated and re-entered in future years.
5. Nominators will receive confirmation that the nomination has been received.

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

- 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.
- Nominees must be residents of Indiana.
- Chief executive officers and other hospital administrators of IHA members are not eligible.
- 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 fpitz@IHAconnect.org.

NOMINEE INFORMATION

Name of Nominee

Title of Nominee

Credentials (please specify RN, LPN, etc.)

Name of Hospital

Address

Years in Present Position

Years of Service at the Hospital

Prior Positions in Health Care
Include: Year, Title, Institution and Location

Total Years of Service in Health Care

Awards and Honors Received

List any local, regional, state or national honors given to nominee by civic, fraternal, professional or other organizations. Include names of awards and years they were presented to nominee.

List the Award and Organization

Criteria

Nominations are based upon the following criteria. Please provide examples of the nominee's outstanding character and describe in detail how the nominee excels in these areas:

- A brief summary of the nominee
- Leadership abilities
- Willingness to go beyond the call of duty
- Reflection of the mission and values of his or her organization
- Commitment to the community

Summary

Leadership Abilities

Willingness to Go Beyond the Call of Duty

Reflection of the Mission and Values of his or her Organization

Commitment to the Community

NOMINATOR INFORMATION

Nominated By

Title

Address

Email

Phone Number