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**2020 Distinguished Service Award**

**Nomination Form**

The Indiana Hospital Association recognizes outstanding personal achievement in support of the humanitarian and management goals of Indiana health care institutions.

The 2020 IHA Awards Committee is seeking nominations for the Association’s *Distinguished Service Award*. Nominations may be made by anyone affiliated with an IHA member organization.

*Distinguished Service Award*

**Purpose:** To recognize outstanding contributions of Indiana chief executive officers or top administrators or executives to their communities, their profession, and to the health care field.

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

* is the chief executive officer or top administrative or executive within any organizational structure of an IHA member hospital
* has contributed to the advancement of high quality, efficient health care services in an Indiana community
* has attained a high level of proficiency and demonstrated competence in health care administration
* has demonstrated a serious commitment to furthering the profession of health care administration
* has made significant contributions to the advancement of health care at the state or national levels.

Nominators must submit the Distinguished Service Award Nomination Form, using additional sheets as needed. Written supplemental information such as a curriculum vitae, published articles, newspaper clippings and endorsements will be considered if they support and clarify the nominee’s achievements. Please do not submit video presentations.

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**2020 Nomination Form**

Distinguished Service Award

Return nomination form by **August 31** to **Fay Pitz of the Indiana Hospital Association at 500 N. Meridian St., Suite 250, Indianapolis, IN 46204 or to** [**fpitz@IHAconnect.org**](mailto:fpitz@IHAconnect.org)**.**

Name of nominee:

Title of nominee:

Hospital:

Address:

Years in present position:

Years in hospital administration:

Years as a hospital chief executive officer:

Prior positions in the hospital field:

Year Title Institution Location

Is nominee affiliated with the American College of Healthcare Executives? \_\_\_\_Yes \_\_\_\_No

If “Yes,” what classification was achieved?

Is hospital accredited? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

2020 IHA Distinguished Service Award Nomination Questions

Please provide answers to the following questions. Use additional sheets as needed and be as detailed as possible. Attach and label additional documentation, such as curriculum vitae, published articles, newspaper clippings and written documentation.

1. ***Health Care Development. Describe, giving specific details, the nominee’s achievements in advancing the availability, improvement and/or expansion of high-quality, efficient, effective hospital services within the community.***

1. ***Serving the Hospital. Describe the leadership qualities of nominee as a hospital chief executive officer. Document, for example, how nominee encourages quality improvement, efficiency, problem solving, human resources development, etc.***

1. ***Serving the Community. Describe nominee’s leadership and achievements in serving the local community. Include memberships, offices held and awards from community organizations, councils, committees and associations. Describe what characterizes the nominee as a community leader in health care and within the community generally.***

1. ***Serving the Profession. Discuss the ways in which the nominee has helped to further the profession of hospital administration through participation in professional associations, societies and educational seminars; appointment to a formal teaching position; publication of articles; promotion of professional growth and development of colleagues; service on committees to further the profession of hospital administration and other examples of leadership within the profession. Include specific examples and dates of services performed.***
2. ***Serving the Field. Discuss nominee’s contributions and achievements in the advancement of the hospital field at local, regional, state and/or national levels through service to state and national health care organizations, service on planning or regulatory bodies, state commissions and other service.***

1. ***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.***

***Award and Bestowing Organization:***

Nominated by:  
  
Title:  
  
Address:

Email:

Phone number: