**CALL FOR NOMINATIONS**

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

IHA has established a new award to salute excellence in administrative professional service. It honors the legacy of Mikell Rose Brown, who set high standards of service to Hoosier hospitals as an IHA administrative assistant for 25 years.

**CRITERIA**

The recipient must meet the following criteria:

* Is employed by an IHA member hospital in an administrative role
* Has contributed to the advancement of high-quality, efficient health care services in an Indiana community
* Has attained a high level of proficiency and personifies the hospital’s values
* Has become, through relationship-building and work products, a role model for associates to emulate
* Consistently exhibits independent thinking and action, reliability, creativity, leadership, innovation and versatility

**PROCESS**

1. Nominations may be made by anyone affiliated with an IHA member hospital/facility.
2. Nominations must be received by **March 23, 2018**.
3. The award will be presented during the IHA Administrative Professionals Conference.
4. Nominees who are not selected may have nominations updated and submitted in future years.
5. The award may not be given each year.
6. Nominations should be sent to the Mikell Rose Brown Award Committee, Indiana Hospital Association, 500 N. Meridian, Ste. 250, Indianapolis, IN 46204.
7. Nominators will receive confirmation that the nomination has been received.

**NOMINATION FORM**

Return the nomination form and supporting documentation to: Administrative Professional Excellence Award Committee, Indiana Hospital Association, 500 N. Meridian, Ste. 250, Indianapolis, IN 46204. You may also email the nomination to Laura Gilbert at lgilbert@IHAconnect.org.

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| **Nominee** |  |
| **Title of Nominee** |  |
| **IHA Member Organization** |  |
| **Years in Present Position** |  |

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| **Prior Positions in Hospital Field** |
| **Year(s) with Title** | **Hospital Name and Location** |
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| **Nominator** |  |
| **Title of Nominator** |  |
| **Email** |  |
| **Phone** |  |

**Nominator:** Please review the criteria for the award and provide details of how your nominee has met those criteria. For example:

*Has your nominee played a key or lead role in enhancing the quality, efficiency or effectiveness of your organization? If so, please provide specifics.*

*Has your nominee been formally recognized, by your organization or outside entities, for outstanding ideas, service, deliverables? If so, please describe.*

*Which of your nominee’s personal and professional qualities impress you the most, and why?*

*In addition to your narrative on how the nominee deserves statewide recognition for service excellence, you are encouraged to append additional documentation such as curriculum vitae, articles from in-house or community publications, citations, etc.*