



Indiana Hospital Association

1 American Square ■ Suite 1900

Indianapolis, Indiana 46282-0004

317/633-4870 ■ 317/633-4875 fax

www.ihaconnect.org

Call for Nominations

2009 Outstanding Achievement Awards

The Indiana Hospital Association recognizes outstanding personal achievement in support of the humanitarian and management goals of Indiana health care institutions. The 2009 IHA Awards Committee is seeking nominations for the Association's Distinguished Service Award and the Award of Merit. 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 to their communities, their profession, and to the health care field.

Criteria: The recipient must meet the following criteria:

- is the chief executive officer of an IHA member.
- 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.

Award of Merit

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:

- may be affiliated with an IHA member but may not be actively engaged in administration.
- 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.

Rules for Both Awards

1. Nominations may be made by anyone affiliated with an IHA member.
2. Nominations must be **received by July 31, 2009**.
3. Awards will be presented during the IHA Annual Meeting, September 16-18, 2009.
4. Nominees who are not selected may have nominations updated and re-entered in future years.
5. Awards may not necessarily be made each year.
6. Nominations should be sent to Robert C. Keen, FACHE, Chairman, Awards Committee, Indiana Hospital Association, 1 American Square, Suite 1900, Indianapolis, IN 46282-0004.
7. Nominators will receive confirmation that the nomination has been received.

Distinguished Service Award

In addition to the above rules, the following also apply to the Distinguished Service Award:

1. Nominees must be chief executive officers of IHA members.
2. 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.

Award of Merit

In addition to the Rules for Both Awards, the following also apply to the Award of Merit:

1. Nominations must be in the form of a letter to the Chairman of the Awards Committee. 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.

2009 Nomination Form

Distinguished Service Award

Return nomination form by July 31, 2009, to Robert C. Keen, FACHE, Chairman, Awards Committee, Indiana Hospital Association, 1 American Square, Suite 1900, Indianapolis, IN 46282-0004.

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 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

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.

I. 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.

II. 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.

III. 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.

IV. 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.

V. 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.

VI. 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	Organization
_____	_____
_____	_____
_____	_____
_____	_____

Nominated by _____

Title _____

Affiliation _____

Address _____

E-Mail _____