



AWARD FOR TRUSTEE EXCELLENCE NOMINATION FORM

Hospital: _____ Date: _____

Category: Urban Rural

Name of Trustee (please print): _____

Trustee Phone Number: _____ Trustee E-mail: _____

Role on the Board: _____ Tenure as Trustee: _____

Your Name (please print): _____

Title: _____

Phone Number: _____ E-mail: _____

Award Description: The *Award for Trustee Excellence* recognizes one urban hospital and one rural hospital trustee who have made an exemplary commitment to their hospital and contributions to improve his/her hospital's service to its patients and community. Since its establishment, this award has recognized a number of distinguished health care leaders throughout Nevada.

Please provide a written narrative for all underlined items (no more than three pages, single-space) outlining the nominee's significant and special contributions to the Board and the organization. The criteria used in assessing candidates include:

- Fostering and encouraging an organizational culture focused on delivering high quality care, achieving exemplary patient satisfaction, and maintaining a positive work environment
- Demonstration of outstanding leadership abilities and ability to build consensus within the organization, and with other healthcare providers and community stakeholders, advocating for improved healthcare in the state and/or community
- Involvement in board development and recruitment, strategic and fiscal planning, and major projects completed or directed
- Participation in civic or community activities and projects

Nominations must be received by NHA no later than Monday, August 3rd before 11:59 p.m.