

Nomination Form

Executive Award



Thank you for your interest in nominating an awardee for this year's event! Please return the completed form to HAH by **June 17**.

1. About the Award

Nominee:

- **MUST BE** employed by an HAH member organization.
- **MUST BE** an Executive (for example Administrator, VP, CEO, or Owner).

Criteria:

Nominee demonstrates healthcare leadership as evidenced by some of the following:

- Demonstrated healthcare leadership in the community
- Exemplary leadership demonstrated by innovation, employee morale and/or financial stewardship
- Serves as an inspiration for colleagues
- Participation in a statewide or national effort to promote improvements in care
- Dedication to sound policy aimed at improving or enhancing healthcare delivery

2. Nominee Information

Name:

Executive position held:

Agency/Organization:

Mailing address:

City: , Hawaii Zip Code:

Phone: Email:

3. Your Information

Your name:

Agency/Organization:

Phone: Email:

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4. Description of Accomplishments

Please check the box if your nominee's primary role is an **executive level** position (for example administrator, VP, CEO, or owner). If not, then your nominee should be in another category.

Please check the box if your nominee has held an Executive position in the healthcare industry for more than 2 years.

1. In a paragraph, please explain your nominee's accomplishments in the healthcare industry.

2. Please outline how your nominee meets or exceeds the award criteria (see criteria on previous page).

3. Give examples of how your nominee exemplifies the award criteria and is among the best in his/her field.

4. What else would you like to mention about your nominee?

You can fax, mail or email this form to:

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For a full list of HAH Member Organizations please go to
<http://www.hah.org>