

# Nomination Form

## Distinguished Service Award



Thank you for your interest in nominating an awardee for this year's event! Please return the completed form to HAH by **June 22**.

### 1. About the Award

#### Nominee:

- **MUST BE** employed by an HAH member.
- **MUST** hold a **non-clinician (support/back office)** position such as: receptionist, medical records transcriber/coder, food service preparer/server, housekeeper, administrative assistant, accountant, driver. **MANAGER OR PROGRAM DIRECTOR** should apply for Leadership Award.

#### Criteria:

Nominee's actions significantly improved the operations of her/his company or agency through:

- Efficiency
- Problem-solving
- Innovation
- Productivity
- Creativity
- Exemplary "team spirit" and customer service

### 2. Nominee Information

Name:

Position held:

Agency/Organization:

Mailing address:

City: , Hawaii Zip Code:

Phone:  Email:

Service Division (check one):  Acute Care  Home Care and Hospice  Long Term Care

### 3. Your Information

Your name:

Agency/Organization:

Phone:  Email:

Continue on the back >>

#### 4. Description of Accomplishments

- Please check the box if your nominee's primary role is a **non-clinician (support/back office)** position. If not, then your nominee should be in another category.
- Please check the box if your nominee has held a non-clinician (support/back office) position 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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<http://www.hah.org>