

# Nomination Form Leadership 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 organization.
- **MUST HOLD** a **leadership position** within a member organization (for example director of nursing, chief nursing officer, manager, program director).

### Criteria:

Nominee demonstrates healthcare leadership as evidenced by:

- Demonstrated healthcare leadership in the community
- Exemplary leadership demonstrated by innovation, employee morale and/or financial stewardship
- Serves as an inspiration for colleagues

## 2. Nominee Information

Name:

Leadership 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 a **leadership position** (ie: director of nursing, chief nursing officer, manager, program director) and not an executive role. If not, then your nominee should be in another category.

Please check the box if your nominee has held a leadership 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>