



## 2021 Award of Merit Nomination Form

The Indiana Hospital Association recognizes outstanding personal achievement in support of the humanitarian and management goals of Indiana health care institutions. The 2021 IHA Awards Committee is seeking nominations for the Association's *Award of Merit*. Nominations may be made by anyone affiliated with an IHA member organization.

**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

In addition to the rules, 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, Rob McLin. 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.



## 2021 Nomination Form

### Award of Merit

Return nomination form by **June 15** to **Fay Pitz of the Indiana Hospital Association at 500 N. Meridian St., Suite 250, Indianapolis, IN 46204** or at [fpitz@IHAconnect.org](mailto:fpitz@IHAconnect.org)

Name of nominee \_\_\_\_\_

Title of nominee \_\_\_\_\_

Hospital/Organization \_\_\_\_\_

Address \_\_\_\_\_

Years in present position \_\_\_\_\_

**Nominations must be in the form of a letter to Awards Chairman Rob McLin**

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.

Nominated by \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Phone number \_\_\_\_\_