MENTOR AWARD NOMINATION

Award Criteria: To be considered for this award, a candidate must:

- be an **ACTIVE** member in good standing at the national, state, and local level
- have a record of fostering enthusiasm for the HIM profession and encouraging people to enter the field
- be providing/have provided ongoing career guidance to one or more HIM professionals
- be providing/have provided clinical sites and supervision for multiple students designed to help them achieve exemplary HIM competencies
- be providing/have provided support of the training process for new professionals through teaching, serving on panels or advisory committees, and advising individual students
- have a record of encouraging young professionals to become involved in activities at the local and/or state level and supporting their efforts

Instructions: (1) Provide the information requested; (2) Confirm information with the Nominee; and (3) Expand this form as needed to present all required information. Please contact the Central Office for member status verification prior to beginning the nomination process.

Submit all materials to Attention: Awards Committee Chair, c/o NYHIMA, 19 Aviation Road, Albany, NY 12205

NOMINEE

Name:_____ AHIMA ID# _____

Mailing Address:_____

Phone (Day):_____ Phone (Evening):_____

Fax: _____ E-Mail:_____

CREDENTIAL

First AHIMA Credential:_____ Date Received (Mo/Yr): _____

Last AHIMA Credential:_____ Date Received (Mo/Yr): _____

CURRICULUM VITAE

Attach a current copy of the nominee's resume/curriculum vitae which includes job title and employer.

CONTRIBUTION(S) (See examples of contribution areas referenced above in award criteria. Provide dates and documentation and/or professional references to support all accomplishments listed. Attach additional pages as more space is required.)

LETTERS IN SUPPORT (You are encouraged to solicit/include letters in support of the nomination from professional colleagues)

NOMINATOR (Provide identity of person making nomination.)

Name:_____
Address:_____
Day Phone:_____
Evening Phone:_____
EMail:_____