NEW PROFESSIONAL AWARD NOMINATION

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

- be in the profession for five (5) years or less
- be credentialed in the last five (5) years or have progressed in credentials during the last five (5) years
- be an **ACTIVE** member in good standing at the national, state, and local level
- have made a mark or contribution to the health information profession during this time; including, but not limited to, at least one or more of the following areas
  - innovative management techniques
  - outstanding technical expertise
  - establishment of a successful business or corporation
  - significant involvement in legislative or community arenas linked to the health information profession
  - achievement of an outstanding award or position for their employer/facility
  - presentation of outstanding educational program(s), seminar or a publication

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.)

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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:_____