

CALL FOR NOMINATIONS FOR NYHIMA...

NEW PROFESSIONAL AWARD

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 (AHIMA approved credential) in good standing
- ▶ 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; (3) Expand this form as needed to present all required information; and (4) Submit nominations postmarked by **February 29, 2008** to the **NYHIMA Awards Committee Chair, 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: _____

E-Mail: _____