



## Nomination Form for the Russell L. Colling Medal for Literary Achievement

The *Russell L. Colling Medal for Literary Achievement* is presented to an individual who, through his/her literary abilities, has made a significant and lasting contribution to healthcare security, safety and/or risk management profession.

Nominations must specifically define the *literary abilities* ascribed to the nominee and the ensuing *lasting effects* on the profession and disciplines of security, safety, and/or risk management.

Documentation attesting to the *literary abilities* of the nominee are to be included for evaluation and consideration by the Nomination Review Committee.

Nominee: \_\_\_\_\_

- \_\_\_\_\_ Authorship of articles in publications of the International Association for Healthcare Security and Safety.
- And/or
- \_\_\_\_\_ Authorship of industry related text having overall impact on the healthcare security, safety and/or risk management profession.
- And/or
- \_\_\_\_\_ Presentation of a significant industry related subject at professional or industry seminars or training programs.
- \_\_\_\_\_ Curriculum vitae of the nominee to include:
- professional accomplishments/achievements
  - educational accomplishments/achievements
  - career accomplishments/achievements

This nomination form is designed as a checklist to assist you in completing the nomination. Attach documentation to this completed checklist and submit.



# IAHSS FOUNDATION

*Dedicated to Research and Education  
in Healthcare Security and Safety*

**- This section to be completed by the individual / entity submitting the Nomination -**

FULL NAME of INDIVIDUAL SUBMITTING NOMINATION: \_\_\_\_\_

ORGANIZATION and TITLE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

NOMINATION for: \_\_\_\_\_

(specify Nomination category)

FULL NAME of INDIVIDUAL / ENTITY NOMINATED: \_\_\_\_\_

ADDRESS of NOMINEE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE NOMINATION COMPLETED: \_\_\_\_\_ DATE NOMINATION SUBMITTED: \_\_\_\_\_

**- This section to be completed by the Nomination Review Committee -**

DATE NOMINATION RECEIVED - IAHSSFoundation CENTRAL OFFICE: \_\_\_\_\_

DATE IAHSSFoundation COMMITTEE REVIEW INITIATED: \_\_\_\_\_

DATE IAHSSFoundation COMMITTEE CONCLUDED: \_\_\_\_\_

**- Decision rendered by the Nomination Review Committee -**

RECOMMENDATION:

COMMITTEE MEMBER: Score: \_\_\_\_\_ Approve: \_\_\_\_\_ Deny: \_\_\_\_\_

COMMITTEE MEMBER: Score: \_\_\_\_\_ Approve: \_\_\_\_\_ Deny: \_\_\_\_\_

COMMITTEE MEMBER: Score: \_\_\_\_\_ Approve: \_\_\_\_\_ Deny: \_\_\_\_\_

DECISION:

COMMITTEE CHAIRPERSON: Total Score: \_\_\_\_\_ Approve: \_\_\_\_\_ Deny: \_\_\_\_\_

BOARD OF DIRECTORS NOTIFIED: \_\_\_\_\_

(method) (day) (month) (year)

**- Notification of the Decision of the Nomination Review Committee -**

IAHSSFoundation CENTRAL OFFICE NOTIFIED: \_\_\_\_\_

INDIVIDUAL / ENTITY SUBMITTING NOMINATION: \_\_\_\_\_

INDIVIDUAL / ENTITY NOMINATED: \_\_\_\_\_

**Decision Recorded** Date \_\_\_\_\_