

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 a NYHIMA Dues Paying 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 in the order requested; (2) Confirm information with the Nominee; and (3) Confirm Eligibility with the Central Office prior to award submission.

Submit to: NYHIMA Central Office ATTN: Awards Committee 230 Washington Ave Ext. STE 101 Albany, NY 12203

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: _____