

# JOEL SCHWARTZ EMERGING LEADER AWARD NOMINATION

Initially established to honor Joel Schwartz of Hypertype and recognize his contributions to the transcription field and our profession: his commitment to provide exceptional service to facilities throughout New York State and his dedication to the state and local HIM associations.

**One award of up to \$500 given to a HIM professional who has made great strides and contributions to the HIM field.**

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

- Work in the HIM field for more than 5 years but less than 10 years
- Demonstrate expertise, passion, and the ability to inspire others
- Be well respected within the HIM field
- Demonstrate professional noteworthy professional achievement, a commitment to excellence and leadership, and an involvement in volunteer activities at the Local and State Level

**Instructions:** To assist the Awards Committee in its selection of the Joel Schwartz Emerging Leader Award Nomination, please (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: \_\_\_\_\_ NYHIMA ID# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## CREDENTIAL (if any)

Credential: \_\_\_\_\_ Date Received (Mo/Yr): \_\_\_\_\_

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 if more space is required.)

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## LETTERS IN SUPPORT

You are required to solicit and include **at least one** letter in support of the nomination from professional colleagues

## NOMINATOR

(Provide identity if different from above)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_