



MEMBER AWARDS PROGRAM 2015-2016 NOMINATION FORM

The recipients of these awards will be members of HFMA – Arizona Chapter. Both Providers and Vendors will be recognized. Awards will be given annually. Please select one of the following categories for your nomination:

- AzHFMA Member Lifetime Achievement Award**
 - The professional selected for this category will be an HFMA member that has invested **20 years** or more in their career in the business of caring, with consistent dedication. This individual is highly recognized in Arizona for making a positive impact in the healthcare financial management profession in Arizona.

- AzHFMA Member of the Year Award** – The professional selected for this category will be an individual that has made a substantial contribution to the AzHFMA as demonstrated by:
 - Dedication and volunteerism in AZ HFMA
 - Establishing and promoting the highest standards of professional and ethical conduct
 - Commitment to excellence
 - Furthering the mission of the organization (AZ HFMA)

- AzHFMA Diamond Inspiration Award – Leadership Award** – The healthcare financial professional selected for this category will be an individual that is recognized for leadership and inspiration in Arizona as demonstrated by:
 - Exemplifying and role-modeling leadership with integrity
 - Setting a high standard for excellence
 - Mentoring future leaders and healthcare financial management professionals
 - Inspiring innovative thinking in future leaders

Nominee Name & Title: _____

Address: _____

Phone :(____) _____ **Email:** _____

1. Provide a narrative summary of 75 words or more best describing why the nominee meets the criteria for receiving this award. Your reasons may be anecdotal in nature, descriptive of behavior or personality, indicative of organizational achievements or testimonial statements from colleagues. Nominations will be evaluated on the basis of **content** and **clarity**.

2. Attach a biographical statement of the nominee.

Individual notified of nomination?	YES	NO
Nominator plans to attend the 2016 Spring Conference:	YES	NO
Nominee plans to attend the 2016 Spring Conference:	YES	NO

Nomination submitted by: _____

Phone: (____) _____ **Email:** _____

By Feb 15th, Please e-mail or fax this nomination to azhfma@scld.biz or 602-996-2330

*“If you can imagine it, you can achieve it; if you can dream it, you can become it.”
William Arthur Ward*