



ACCE Advocacy Awards Nomination Form

Nominator Information

Submission Date: ____ / ____ / ____

Name: _____
Title: _____
Affiliation: _____
Address: _____
Phone: _____ E-mail: _____

Nominee Information

Name: _____
Title: _____
Affiliation: _____
Address: _____
Phone: _____ E-mail: _____

Check Award nominating for:

- Lifetime Achievement Award
- ACCE/HTF Marv Shepherd Patient Safety Award
- Challenge Award
- Tom O’Dea Advocacy Award
- Professional Achievement in Technology/Professional Development Award
- Professional Achievement in Management Award/Managerial Excellence Award
- Antonio Hernandez International Clinical Engineering Award
- ACCE/HTF International Organization Award
- CE-HTM Champion Award

Justification for Award (please attach additional support information as needed):

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