

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 the 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):



Nominee: _____