



# CHIA Recognition Awards Nomination Form

The CHIA Recognition Awards recognize those who make a difference in the HIM profession, and honor exemplary service, reward contributions that build the HIM knowledge base, recognize excellence in preparing future HIM professionals, and encourage new talent and leadership. For more information about this award, process, eligibility and requirement, visit <http://californiahia.org/chia-recognition-awards>

Deadline for submitting nominations (including the Nomination Form and all required documents) is **March 1**.

## Part 1: Nominee's Details

Name of Nominee		Credentials	
Address		City, State, Zip	
Primary Phone Number ( ) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Primary Email		
Employer	Job Title		

## Part 2: Nomination Details

Indicate the ONE award category for which the nomination is being submitted. For full category descriptions, visit <http://californiahia.org/recognition-award-categories>

- |  |  |
|--|--|
| <input type="checkbox"/> Distinguished Member Award  | <input type="checkbox"/> Mentor Award      |
| <input type="checkbox"/> Educator Award              | <input type="checkbox"/> Rising Star Award |
| <input type="checkbox"/> HIM Industry Champion Award | <input type="checkbox"/> Volunteer Award   |
| <input type="checkbox"/> Literary Award              |  |

Has the nominee been notified of this nomination?    Yes    No

Name of Individual Submitting Nomination		Submission Date
Address		City, State, Zip
Primary Phone Number ( ) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Primary Email	

## Part 3: Required Materials (*can be sent separately*)

- 1) Completed CHIA Recognition Awards Nomination Form
- 2) Nominee's resume or curriculum vitae (CV)
- 3) Two to four letters of support from those who can elaborate on: (1) nominee's specific accomplishment(s), (2) how nominee has met the guidelines for the nominated Award, and (3) why nominee is worthy of an award.
  - Letters of support must be signed by the author and sent directly to authenticate the correspondence.
- 4) Other written material is suggested, but only if it supports the specific award/accomplishment (e.g. articles, project descriptions).

### Submit Completed Nomination Form & Required Materials to (select one):

Fax: (559) 251-5836

Email: [Nominations@CaliforniaHIA.org](mailto:Nominations@CaliforniaHIA.org)

Mail: California Health Information Association, 1915 N. Fine Avenue, Suite 104, Fresno, CA 93727-1565