

# Young Executive Achievement Award

Established as a memorial to James B. Seaman II, a former IHA vice president who was killed in an aircraft accident, the Young Executive Achievement Award is presented each year to an Iowa hospital or health system young chief executive whose achievements are noteworthy.

## Nomination Criteria

**Must currently be a CEO or chief executive of an Iowa hospital who has contributed to the advancement of the profession of hospital/health system administration through demonstrated effectiveness at the local, state or national level.**

**Nominee exhibits a record of effectiveness in the management of their hospital/health system and evidence community contact and involvement as leaders in the broad spectrum of health care affairs.**

**Must be age 40 or younger and employed a minimum of 1 year as a hospital chief executive.**

**An explanation why you believe the nominee is deserving of recognition for his/her work as a hospital/health system CEO in Iowa.**

## Required Submission Materials:

1. Nomination Form (see pg. 2)
2. Letter of Nomination (limit 2 pages)
3. Up to 5 letters of support (limit 2 pages each)

Please indicate how the nominee has displayed these characteristics in his/her service as a hospital chief executive. Give specific examples. The Selection Committee will base its decision on this narrative.

**Deadline for nomination(s) is June 15, 2019. Please submit nominations and questions via email to [ihaannualawards@ihaonline.org](mailto:ihaannualawards@ihaonline.org) or mail to:**

**Young Executive Achievement Award  
Iowa Hospital Association  
100 East Grand, Suite 100  
Des Moines, IA 50309-1835**

IOWA HOSPITAL  
ASSOCIATION

WE CARE ABOUT IOWA'S HEALTH



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## Nomination Form

Date: \_\_\_\_\_

### Person being nominated:

Name \_\_\_\_\_

Title: \_\_\_\_\_

Hospital: \_\_\_\_\_

Years of Service: \_\_\_\_\_

Email: \_\_\_\_\_

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

### Hospital Contact Person:

Please list the information of the person who should be contacted pertaining to this nomination. This person should be the individual who is coordinating the nomination efforts and would like to receive information concerning award results.

Name \_\_\_\_\_

Title: \_\_\_\_\_

Hospital: \_\_\_\_\_

Email: \_\_\_\_\_

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

## Award Instructions:

### Person Making the Initial Nomination:

Please submit one letter of nomination from one individual making the initial nomination. Include in the first sentence, "I write to nominate..."

### Person(s) Supporting the Nomination.

It is optional to submit up to five, two-page (max) letters of support. Include in the first sentence, "I write to support the nomination of..."

**Please do not submit materials in binders or sheets in plastic covers. The materials will be digitized upon receipt and this slows down the process for the selection committee and IHA staff.**

**Submit this form with the initial letter of nomination.**