



*Celebrated at the
Annual Meeting Awards Celebration
October 18, 2021*



Foundation for
Healthy Communities



JAMES A. HAMILTON FOUNDER'S AWARD

The James A. Hamilton Founder's Award is the highest recognition given by the New Hampshire Hospital Association. It is presented only as appropriate for outstanding service to healthcare on behalf of the people of New Hampshire. This distinguished service may be made directly in healthcare or through related activity in government, education, the humanities or the environment. The recipient shall be a person whose integrity and consistent commitment are readily evident to his or her associates and whose extraordinary achievement or exceptional contribution in the interest of human health and well being has extended into the local community, state or nation. This person need not be a member of the New Hampshire Hospital Association.

Nominee: _____

Address: _____

Town: _____ State: _____ Zip: _____

Nominating Institution: _____

Contact Person: _____

Tel: _____ Email: _____

Please submit a short write-up that makes the case for the above nomination. Your case should be built upon the criteria listed above, especially using examples that highlight the qualities listed as necessary for this award to be made.

Nomination Deadline: Friday, September 17, 2021

Submit nomination to: info@nhha.org



PRESIDENT'S AWARD

This award is given to an active Association member who has made an exceptional contribution directly to New Hampshire Hospital Association. Presented annually, the President's Award is given for dedicated service to the affairs, management, and/or creative growth of the Association and its affiliates. The recipient shall be an Association member, affiliate, volunteer, or employee who has played an exceptionally active role in furthering the purposes of NHHA and/or whose service continually brings credit to the field of health care through NHHA. For this award, nominees may be from an institution other than the nominating institution.

Nominee: _____

Address: _____

Town: _____ State: _____ Zip: _____

Nominating Institution: _____

Contact Person: _____

Tel: _____ Email: _____

Please submit a short write-up that makes the case for the above nomination. Your case should be built upon the criteria listed above, especially using examples that highlight the qualities listed as necessary for this award to be made.

Nomination Deadline: Friday, September 17, 2021

Submit nomination to: info@nhha.org



MEDICAL STAFF AWARD

This award is a high honor bestowed upon a medical staff member from a New Hampshire Hospital Association institution whose professional performance has strengthened the cooperation between the institution and the medical staff, and who brings credit to the institution and the community. The recipient shall exemplify the professional medical staff that devotes themselves to excellence in health care. The recipient will be an individual whose performance has contributed to the effectiveness and efficiency of the institution; who is held in high regard by peers and colleagues; and who actively participates in civic and community affairs on behalf of the institution.

Nominee: _____

Address: _____

Town: _____ State: _____ Zip: _____

Nominating Institution: _____

Contact Person: _____

Tel: _____ Email: _____

Please submit a short write-up that makes the case for the above nomination. Your case should be built upon the criteria listed above, especially using examples that highlight the qualities listed as necessary for this award to be made.

Nomination Deadline: Friday, September 17, 2021

Submit nomination to: info@nhha.org



OUTSTANDING TRUSTEE OF THE YEAR AWARD

The Outstanding Trustee of the Year Award is presented annually to a trustee of an New Hampshire Hospital Association member institution whose achievement in the field of hospital trusteeship stands out above all others, and who serves as an example to encourage others in the pursuit of excellence in hospital governance. The recipient of this award should demonstrate excellence in institutional governance through his or her dedication to the mission of the hospital; leadership; a deep understanding of the healthcare system; an ability to envision future trends and move in that direction; and an involvement in civic and community activities on behalf of the institution.

Nominee: _____

Address: _____

Town: _____ State: _____ Zip: _____

Nominating Institution: _____

Contact Person: _____

Tel: _____ Email: _____

Please submit a short write-up that makes the case for the above nomination. Your case should be built upon the criteria listed above, especially using examples that highlight the qualities listed as necessary for this award to be made.

Nomination Deadline: Friday, September 17, 2021

Submit nomination to: info@nhha.org