The OHA Health Care Worker of the Year Award honors the excellence of health care workers statewide and recognizes one outstanding individual who demonstrates leadership, routinely goes above and beyond the call of duty, reflects the mission and values of his or her organization and gives back to the community.

ELIGIBILITY
- Each member hospital is invited to nominate one individual who has not been nominated previously from that facility.
- Health systems are encouraged to submit nominations from each of their member hospitals but may select one nominee to represent the entire health system.
- Eligible persons must be a current employee of an OHA member hospital. The nominee should be a direct caregiver but that is not a requirement. Support personnel are also eligible if they exemplify the qualities represented by this award.
- Employed physicians are eligible to be nominated and receive this award.

COMPLETION & ACCURACY
Please ensure the information provided in the nomination is complete and accurate. This information will be used in several promotional materials.

CONTACTS
The nominator and primary contact person will receive information related to the nominee and recognition events.

DEADLINE
Nominations will be accepted until 11:59 p.m. on January 15, 2023.

PHOTOGRAPHS
In addition to completing the online nomination, two high-resolution color photographs for each nominee are required:
1. Headshot - A head shot is a front-on photograph of the nominee with minimal or no surroundings.
2. Environmental - The environmental photo is an action shot to show the nominee doing his or her job in the work setting. Photos that include patient interaction are encouraged but please edit out any protected health information.
These photos will be used in various promotions. JPEG, PNG or GIF photos must be emailed by January 15, 2023 to communications@ohiohospitals.org.

QUESTIONS
Please contact Amber Yors with any questions.
# Nominee Information

* **1. Provide basic contact information for the nominee.**

<table>
<thead>
<tr>
<th>Nominee first name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nominee last name</td>
<td></td>
</tr>
<tr>
<td>Credentials (please specify RN, LPN, etc.)</td>
<td></td>
</tr>
<tr>
<td>Nominee title</td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
</tr>
<tr>
<td>Health system</td>
<td></td>
</tr>
<tr>
<td>Hospital mailing address</td>
<td></td>
</tr>
<tr>
<td>Hospital mailing address 2</td>
<td></td>
</tr>
<tr>
<td>Hospital city</td>
<td></td>
</tr>
<tr>
<td>Hospital state</td>
<td></td>
</tr>
<tr>
<td>Hospital zip code</td>
<td></td>
</tr>
<tr>
<td>Nominee phone number</td>
<td></td>
</tr>
<tr>
<td>Nominee primary email</td>
<td></td>
</tr>
</tbody>
</table>

* **2. Please indicate the nominee's length of service in health care and at your facility.**

<table>
<thead>
<tr>
<th>Years of service at the hospital</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total years of service in health care</td>
<td></td>
</tr>
</tbody>
</table>
* 3. Please enter contact information for the nominator. The nominator will receive information related to the nominee and OHA recognition events.

Nominator first name
Nominator last name
Credentials (specify RN, LPN, etc.)
Nominator title
Hospital
Health system
Hospital mailing address
Hospital mailing address 2
Hospital city
Hospital state
Hospital zip code
Nominator phone number
Nominator email
4. If an individual other than the nominator should receive information related to the nominee and OHA recognition events, include their contact information below.

Contact first name

Contact last name

Credentials (specify RN, LPN, etc.)

Contact title

Hospital

Health system

Hospital mailing address

Hospital mailing address 2

Hospital city

Hospital state

Hospital zip code

Contact phone number

Contact email
Include a summary of approximately 125 words summarizing the nomination. The summary will be used for several promotional materials.

* 5. Summary
Use the following criteria to describe how your nominee embodies the characteristics of Health Care Worker of the Year. Be sure to be specific and highlight his or her most notable achievements.

A total of 100 points is possible.

Limit each section to approximately 200 words.

* 6. Motivation (20 Points) – Describe the nominee’s ability to motivate and inspire colleagues, partners, etc. to advance the mission of the organization (Emphasize their passion for a cause, resilience to overcome an issue, etc.)

* 7. Influence (20 Points) – Describe the nominee’s ability to influence others such as serving as a remodel or mentoring others.
* 8. **Action (20 Points)** – Explain the nominee’s service and contributions that reflect merit recognition as a noteworthy health care workers including accomplishments despite obstacles.

* 9. **Alignment (20 Points)** – Describe the nominee’s actions to support the mission, vision, and values of the organization and emphasize a specific example(s) of contributions towards a specific value.

* 10. **Community Impact (20 Points)** – Describe the impact of the nominee’s contributions to the community your organization serves such as a program or initiative that had an impactful result in the community.
Email two color, digital photographs of the nominee to communications@ohiohospitals.org. Include the name of the hospital and nominee in the body of the email.

* 11. My hospital agrees to send two photos of the nominee to communications@ohiohospitals.org by January 15, 2023

☐ I Agree