



## Lifetime Achievement Award Application Form

Your Name: \_\_\_\_\_

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

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone, Fax: \_\_\_\_\_

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

**Name of Nominee:** \_\_\_\_\_

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

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone, Fax: \_\_\_\_\_

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

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



## **Lifetime Achievement Award Supporting Documents**

Along with this application, please submit a single document (*up to two pages in length*) that contains the following information:

**Part 1:** A description of the nominee's history within the healthcare IT industry and their contributions to the CHIME Foundation.

**Part 2:** A listing of the specific, quantifiable achievements exhibited by the nominee in relation to the healthcare IT industry.

**Part 3:** A description of this nominee's impact on your organization.

**Part 4:** A listing of any of the nominee's known/notable accomplishments that have been recognized either on a local, national, and/or global level.

### **Application Letters of Recommendation**

A written letter of recommendation from the applicant's CEO or Board of Trustees must also accompany this application form.

All application materials should be emailed in pdf format to: [kcleary@cio-chime.org](mailto:kcleary@cio-chime.org)