

Wisconsin Healthcare Engineering Association

Robert H. Botts HEALTHCARE ENGINEERING PIONEER AWARD

The intent of this award is to annually recognize a member of WHEA who has made significant contributions through personal or professional initiatives to improve and promote health care facilities management or the health care industry, in keeping with the mission statement of the organization: "The Wisconsin healthcare Engineering Association serves the community by providing a safe and comfortable environment for health care through the application and practice of health care engineering developed through education, professional growth, and advocacy in codes and standards."

The AWARD:

Will be presented annually and consists of an engraved plaque displaying the WHEA logo, the recipients name and chapter, and the year awarded. Additionally, a letter recognizing the award with a brief synopsis of details of the recipient's accomplishments will be presented to both the recipient and his/her CEO/President.

Qualifications:

In order to be nominated for the WHEA Healthcare Engineering Pioneer award, the candidate must meet the following criteria:

- Must be a current member of the WHEA
- Must have held continuous membership for a minimum of three (3) years
- Must not be a current elected state board member or an elected board member during the previous calendar year.

Achievements & Contributions:

In order to be selected for the WHEA Healthcare Engineering Pioneer award, the successful candidate must have attained a significant level of achievement (as a professional working in the field of health care facilities management, or allied health care professions,) in one or more of the following areas:

- through achievement of significant operational efficiencies,
- through implementation or design of cost containment strategies,
- through significant innovation in facility design,
- through innovative facilities management practices,
- through innovative safety initiatives,
- through innovative technology initiatives,
- through innovations in construction management strategies,
- through participation in citizen advisor boards or other advocacy projects where personal facilities management expertise or applied engineering excellence:
 - significantly improved the overall quality of health care in the community(s) being served,
 - significantly improved accessibility to health care services,
 - significantly improved local, state, or national code compliance or code revisions, or
 - significantly improved levels of health care services to the community(s) served.

Selection Procedure:

1. Candidates must be nominated by another member of the WHEA, in writing, including:
 - A written narrative of not less than 250 words, describing the actions that you feel qualifies your nominee for the Healthcare Engineering Pioneer award.
 - Include one (1) additional letter of support if so desired (not required)
 - Attach other supporting documentation as needed to validate the accomplishments of the nominee.
2. Nomination papers must be submitted to the current state WHEA President for the previous calendar year, prior to June 30th of the current year.
3. The WHEA elected state board members will evaluate all submitted nomination papers, with the aid of a criteria-based scoring grid.
4. The selected recipient will be determined by a simple majority vote of the elected state board members.
5. The award will be presented to the selected recipient by the President of WHEA at the Annual Banquet or other appropriate event or venue prior to the end of the calendar year.

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Nomination Form

I nominate the following individual for the _____ WHEA Robert H. Botts
Healthcare Engineering Pioneer Award. _____ Year

NAME: _____

TITLE: _____

ORGANIZATION: _____

FACILITY: _____

ADDRESS: _____

PHONE: () _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

MANAGER/CEO/PRESIDENT: _____

PHONE: () _____ EMAIL: _____

NOMINATED BY:

NAME: _____

TITLE: _____

ORGANIZATION: _____

FACILITY: _____

ADDRESS: _____

PHONE: () _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

ATTACHMENTS/INCLUSIONS: (Check all that apply.)

___ Nomination Narrative

___ One additional letter of support (Optional) Limit, one (1)

___ Support documentation: Published articles, Financial documentation, and other documents as needed to validate the accomplishments of the nominee.