



## *The Charles L. Hite Award*

### **Call for Nominations**

#### **What is The Charles L. Hite Award?**

The Charles L. Hite Award was established to recognize a member of the Carolinas Society for Healthcare Strategy and Market Development for outstanding service and commitment to the highest professional standards. The award is named for Charles L. Hite, a long-time friend of CSHSMD, who gave twenty-eight years of service to The Duke Endowment, established the H. Carl Rowland Memorial Library and dedicated his career to improving healthcare in the Carolinas.

#### **Who is Eligible To Be Nominated For The Award?**

The award is open only to active members in good standing with CSHSMD. Nominations may come from active members of the Society.

#### **How Are Entries Judged?**

Candidates for The Charles L. Hite Award will be evaluated on the following criteria:

- Contribution to the success of CSHSMD by providing a service, such as holding an office, serving as a Board member, being an active member on a committee, or providing services for special projects.
- Personal qualities and leadership capabilities, including integrity and commitment to the highest professional standards.

#### **How Do I Nominate Someone?**

The nomination form and questionnaire are attached.

#### **When is the Deadline for Nominations?**

Your completed nomination form must be received by October 1<sup>st</sup>.

# CHARLES L. HITE AWARD NOMINATION FORM

## INSTRUCTIONS:

- 1) Complete Part I below.
- 2) Type your responses to the questions in Part II on a separate sheet, (max. length 2 pages)
- 3) Forward two (2) copies to:

Amy Hanzel  
Administrative Assistant, CSHSMD  
PO Box 12108  
Charlotte, NC 28220  
info@cshsmd.org  
(803) 412-6742

- 4) Your completed nomination must be received by October 1<sup>st</sup>.

## Part I General Information

### Nominee:

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-Mail \_\_\_\_\_

### Nominated by:

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-Mail \_\_\_\_\_

\*\*\* Is the nominee aware that he/she is being nominated for this award? Yes \_\_\_ No \_\_\_

### 1. Contribution to the Success of CSHSMD

How has the nominee contributed to the success of CSHSMD?

### 2. Personal Qualities

What exceptional personal qualities and leadership capabilities does the nominee possess?

### 3. Professional Accomplishments

What contributions has the nominee made to the field that are professionally noteworthy?

### 4. Other Qualities

What else should the Board know about this nominee?