



Operational Policies and Procedures

Attachment C

Outstanding Member Award Application

Criteria for GAMSS Outstanding Member Award Nomination:

1. Only Active GAMSS members may submit names for nomination for this award;
2. Nominees must be medical staff or credentialing services professionals who are serving or have served in a leadership position in the Association or in their healthcare institution;
3. Nominees are measured by the following criteria:
 - a. Demonstrated support for the activities of their office and for the role of the medical staff/credentialing services professional;
 - b. Encouragement and enthusiasm for the work of GAMSS;
 - c. Commitment to the organizational goals of their institution and GAMSS;
 - d. Qualities of leadership and statesmanship exhibited for the benefit of their institution and of GAMSS.

Nominee Name: _____

Institution: _____

Address: _____ City, State, Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

I hereby request consideration of this person for the GAMSS Outstanding Member Award. This person has been in the medical staff/credentialing services field for _____ months/years and has held the following state/national positions: _____

Please use the attached letter as further support of my nomination. I attest that the information provided is true and correct to the best of my knowledge.

Nomination Made By: _____ Date Signed: _____

Institution Name: _____ Phone: _____

Mail or fax this form to the GAMSS Secretary:

Susan Lowry, CPCS, Credentialing Services Supervisor, Medical Staff Services

Children's Healthcare of Atlanta

1584 Tullie Circle, Atlanta, GA 30329

Phone: 404-785-7487; FAX: 404-785-9168 Email Address: susan.lowry@choa.org

*This form and required statement must be received by the Secretary no later than January 31. Confirmation of nomination submission receipt will be provided.