# **2024 Dean S. Ammer Award for Healthcare Supply Chain Performance Excellence CANDIDATE Application Form**

**INSTRUCTIONS AT A GLANCE:**

1. **The Ammer Honoree recognition is designed to reflect and represent project-based leadership and management of a professional during the middle of his or her career – essentially years 13-25 – encompassing accomplishments that benefit individuals, organizations and industry.**
2. **Please note: Ammer Honoree award consideration applies exclusively to professionals in the middle of their careers ONLY. Any professionals nominated with fewer than 13 or more than 25 years of experience are not eligible and will not be considered for this award.**
3. **Please use this form only and submit all the candidate’s detailed information on this form. No candidate will be accepted or considered unless his or her achievements and accomplishments are recorded in this form. Bellwether League Foundation (BLF) will accept CVs and any endorsement letters in addition to a fully completed nomination form.**
4. **BLF defines a “fully completed” nomination form as one in which ALL questions include detailed responses that reveal qualitative and quantitative evidence of individual, organizational and industry contributions. ALL questions must be answered with ample information, or the submitted nomination form will not be considered “fully complete.”**

***Thank you for taking the time to nominate a worthy candidate for Ammer Honoree recognition. We appreciate and welcome your insights about this professional. Please note that Bellwether League Foundation’s Board of Directors and Nominating Committee ONLY will have access to this fully completed document and its content, which will remain strictly CONFIDENTIAL and will be used solely for the purpose of the nomination process. We urge nominators to keep the form confidential, too.***

***The Board of Directors evaluates the achievements and contributions of each candidate based on the content of his or her submitted nomination using criteria that can be found on Bellwether League Foundation’s web site. The Board of Directors recommends you review that criteria document prior to completion of this application. The criteria include the following factors/parameters:***

**Leadership** • **Innovation/Creativity** • **Overall Work Performance** • **Strategic Thinking** • **Ethics/Integrity/Reputation** • **Supply Chain Advocacy** • **Mentoring** • **Value Analysis/Management** • **Advancing the Art and Science of Supply Chain Management through Education, Research, Writing, Presentations, etc.**

**CANDIDATE NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. As NOMINATOR/SUBMITTER**, **please provide the following information about you:** ***This information will be used to contact you with questions or clarification of the information submitted in the application.***

### 

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number (please indicate office or mobile): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 2. Please provide the following **required** information about the **CANDIDATE.**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### 3. What is your relationship to the CANDIDATE?

[ ] Self [ ] Business Associate

[ ] Co-worker [ ] Applicant’s Supervisor

[ ] Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 4. Please describe the employment history of the **CANDIDATE**:

* **Total number of years in current position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Total number of years at current organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Total number of years in *healthcare* supply chain:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Total number of years in *other industry* supply chain:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Dean S. Ammer Award recognizes those healthcare professionals who are mid-career in some area of supply chain operations and qualify as Most Valuable Executives (MVEs) who best exemplify the practice and spirit of healthcare supply chain performance excellence. These professionals, through their innovative leadership and influential project management experience, are beyond Future Famer status, but not yet ready for Bellwether Honoree recognition that may emerge in the future.

***Please complete this Nomination Form (questions 5-8) using one of three formats that is most convenient for you: Detailed bullet points, phrases and/or complete sentences. Attach additional pages if needed. NOTE that the responses you provide to questions 5-8 should include “specific, quantitative evidence/outcomes,” achieved as a result of the candidate’s personal efforts, contributions and/or leadership role.***

**5. Please provide in bullet, phrase or sentence form a detailed summary of the specific achievement(s), initiative(s) and/or project(s) that make this CANDIDATE worthy of recognition, including cost savings, clinical improvements, process efficiencies and/or revenue generation realized by Supply Chain, and/or the clinical department(s) and/or the entire organization:**

**6. What obstacles existed or emerged within these achievement(s), initiative(s) and/or project(s), and how did the CANDIDATE overcome them and/or lead a team to overcome them?**

### **7. Please list and describe in detailed bullet, phrase or sentence form 3-5 specific examples of how the candidate demonstrates and facilitates customer/professional relationship management both inside and outside of his/her department:**

### **8. Please list and describe in detailed bullet, phrase or sentence form 3-5 specific examples of mentoring, education, and/or advocacy provided by this candidate.**

**Please provide the names, titles and contact information of two healthcare business references that will support your overall assessment of the submitted candidate. You may need to obtain the references from the candidate.**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In submitting this application, and based on my direct knowledge of this CANDIDATE, I hereby represent to Bellwether League Foundation that this CANDIDATE consistently meets the highest ethical standards of the profession.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Your Signature)**

*Please* ***email this completed form, a CV/résumé*** *of the CANDIDATE to* [*nominations@bellwetherleague.org*](mailto:nominations@bellwetherleague.org)*. Make sure the CV/résumé does not exceed 5 pages and includes a chronological listing of positions held, employers, college education and professional development, etc.*

**Thank You!**

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