2021 Future Famer CANDIDATE Application Form

Thank you for taking the time to nominate a worthy candidate for Future Famer recognition. We appreciate and welcome your insights about this professional. 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's web site. The Board of Directors recommends you review that criteria document prior to completion of this application.

Please note: The candidate's and your information WILL REMAIN CONFIDENTIAL and will be used solely for the purpose of the nomination and award process. <u>It will not be distributed outside of Bellwether League</u>. The criteria include the following factors/parameters:

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

CANDIDATE NAME:
As NOMINATOR/SUBMITTER , please provide the following information about <u>you</u> 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):
Bellwether League Founding/Platinum Sustaining Sponsors:

Premier

Vizient

Owens & Minor

VIE Healthcare

HealthTrust

Intalere

2. Please provide the following <u>required</u> information about the <u>CANDIDATE</u> .
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 <u>CANDIDATE</u> ?
[] Self [] Business Associate [] Co-worker [] Applicant's Supervisor [] Other (Please specify):
4. Please describe the employment history of the <u>CANDIDATE</u> :
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 <i>other industry</i> supply chain:

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Please complete this Nomination Form (questions 5-6) using one of three formats that is most convenient for you: Detailed bullet points, phrases and/or complete sentences. <u>Attach additional pages if needed</u>. NOTE that the responses you provide to questions 5-6 should include "specific, quantitative evidence/outcomes," achieved as a result of the candidate's personal efforts, contributions and/or leadership role.

Consider the following factors as potential achievements, accomplishments and attributes that you feel make this <u>CANDIDATE</u> worthy of consideration:

- Managing a complex project successfully
- Achieving staff efficiencies
- Implementation of a new GPO
- Implementation of a new distributor
- Setting up an innovative distribution or inventory management model
- Implementing an Information Technology system
- Cost savings initiatives that achieved upper 6-7 figures annual savings
- Identifying and executing process efficiency initiatives
- · Assuming supply chain responsibilities for areas not previously supported
- Recognition within the organization for a specific project extremely well done
- Thinking creatively and bringing that thinking to reality
- Presenting to/educating internal team or the industry
- Establishing a cross-functional team to successfully complete a complex project
- Safety Enhancement at no extra expense
- Patient Care Improvement Initiative
- Mentoring, peer-to-peer

5. Please provide in bullet, phrase or sentence form a <u>detailed</u> summary of the specific <u>achievement(s)</u>, <u>initiative(s)</u> and/or <u>project(s)</u> that make this <u>CANDIDATE</u> 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:

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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?
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 that this CANDIDATE consistently meets the highest ethical standards of the profession.
(Your Signature)
Please email this form, a brief biography and a CV/résumé of the CANDIDATE to <u>nominations@bellwetherleague.org</u> . 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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