



2021 Bellwether Hall of Fame CANDIDATE Application Form

*Thank you for taking the time to nominate a worthy candidate for Bellwether recognition. We appreciate and welcome your insights about this professional. Please note that **ONLY** the Bellwether League Board of Directors will have access to this document and its content, which **will remain strictly CONFIDENTIAL and will be used solely for the purpose of the nomination and award process. We urge all 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’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 • 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): _____

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2. CANDIDATE Status (please check one)

- Active Retired Deceased

3. What is your relationship to the CANDIDATE?

- | | |
|--|--|
| <input type="checkbox"/> Colleague | <input type="checkbox"/> Business Associate |
| <input type="checkbox"/> Co-worker | <input type="checkbox"/> Applicant’s Supervisor |
| <input type="checkbox"/> Applicant’s Subordinate | <input type="checkbox"/> Other (Please specify): |

4. 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: _____

Home Street Address: _____

City, State, ZIP: _____

Home Phone Number: _____

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5. If deceased, please provide contact information for a Spouse, Child or Significant Other:

First Name: _____

Last Name: _____

Street Address: _____

City, State, ZIP: _____

Email Address: _____

Phone Number (please indicate office, mobile or home): _____

6. Please tell us the number of years the CANDIDATE did/has serve (d):

- In supply chain management in *healthcare*: _____
- In supply chain management in *other industries (if applicable)*: _____

Please complete this Nomination Form (questions 7-10) 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 7-10 should include "specific, quantitative evidence/ outcomes," achieved as a result of the candidate's personal efforts, contributions and/or leadership role.

Consult the end of this form for additional explanations of each question.

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7. Please list and describe in detailed bullet, phrase or sentence form 3-5 specific examples of leadership exhibited by this candidate.

8. Please list and describe in detailed bullet, phrase or sentence form 3-5 specific examples of innovation developed by this candidate.

9. 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.

10. Please list and describe in detailed bullet, phrase or sentence form 3-5 specific examples of customer/professional relationship management conducted by this candidate.

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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 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!

QUESTION LEGEND

7. Leadership includes committees, departments, facilities and even individual examples within and between any and all healthcare organizations, other industries and charitable, professional or voluntary organizations.

8. Innovation includes process, product and project examples within and between any and all healthcare organizations, other industries and charitable, professional or voluntary organizations.

9. **Mentoring, advocacy and education** concentrates on advancing other supply chain professionals and executives, and the profession as a whole. (For example, this may include writing in various media outlets, participating in and speaking at various professional association and organizational events).

10. Customer/professional relationship management involves facilitating and managing professional relationships and services with clients/customers outside of his or her department/designated/direct area(s), including hospitals, consulting firms, suppliers, GPOs, etc., and/or in other industries, charitable organizations, voluntary or professional organizations.

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