



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. It will not be distributed outside of Bellwether League. 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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BELLWETHER LEAGUE
F O U N D A T I O N

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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
- Co-worker
- Other (Please specify): _____
- Business Associate
- Applicant's Supervisor

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: _____

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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. Attach additional pages if needed. 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 CANDIDATE 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 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:

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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 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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