

# 2025 Healthcare Supply Chain Leadership Hall of Fame™ Bellwether Honoree CANDIDATE Application Form

**INSTRUCTIONS AT A GLANCE:** 

**IMPORTANT:** PLEASE FOLLOW ALL FOUR OF THESE INSTRUCTIONS FULLY FOR YOUR NOMINATION TO BE CONSIDERED. FAILURE TO FOLLOW THESE FOUR INSTRUCTIONS FULLY WILL REMOVE YOUR WORTHY CANDIDATE FROM THE PROCESS.

- 1. The Bellwether Honoree recognition is designed to reflect and represent <u>the entire career of the candidate</u>, similar to a lifetime achievement award that recognizes a career's worth of accomplishments that benefit individuals, organizations and industry.
- 2. <u>Please use this form only</u> 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.
- 3. 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 Bellwether 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. <u>The Board of Directors</u>

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# <u>recommends you review that criteria document prior to completion of this</u> <u>application</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/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 <u>you</u>: *This information will be used to contact you with questions or clarification of the information submitted in the application. You also may be given the opportunity and privilege to introduce your candidate at the BLFIRE event if he or she is selected.* 

First Name:
Last Name:
fitle:
Company Name:
Email Address:
Phone Number (please indicate office or mobile):

# 2. CANDIDATE Status (please check one)

[ ] Active [ ] Retired [ ] Deceased

# 3. What is your relationship to the <u>CANDIDATE</u>?

[ ] Colleague	[ ] Business Associate
[ ] Co-worker	[ ] Applicant's Supervisor
[ ] Applicant's Subordinate	[ ] Other (Please specify):

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4. Please provide the following <b>required</b> information about the <b><u>CANDIDATE</u></b> .
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:
5. If deceased, please provide contact information for Spouse, Child or Significant Other:
First Name:
Last Name:
Street Address:
City, State, ZIP:
Email Address:
Phone Number (please indicate office, mobile or home):
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6. Please tell us the number of years the CANDIDATE did/has serve(d):

- In *healthcare* supply chain management: \_\_\_\_\_
- 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: <u>Detailed</u> bullet points, phrases and/or complete sentences. <u>Attach additional pages if needed</u>. 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 in the Question Legend section.* 

7. Please list and describe in <u>detailed</u> bullet, phrase or sentence form <u>3-5 specific</u> <u>examples</u> of <u>leadership</u> exhibited by this candidate. Focus on what is different, innovative and new that contributed to, demonstrated or led to your candidate's leadership.

8. Please list and describe in <u>detailed</u> bullet, phrase or sentence form <u>3-5 specific</u> <u>examples</u> of <u>innovation</u> developed by this candidate. Focus on what is different, innovative and new that contributed to, demonstrated or led to your candidate's leadership.

9. Please list and describe in <u>detailed</u> bullet, phrase or sentence form <u>3-5 specific</u> <u>examples</u> of <u>mentoring</u>, <u>education</u>, <u>and/or advocacy</u> provided by this candidate. Focus on what is different, innovative and new that contributed to, demonstrated or led to your candidate's leadership.

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10. Please list and describe in <u>detailed</u> bullet, phrase or sentence form <u>3-5 specific</u> <u>examples</u> of <u>customer/professional relationship management</u> conducted by this candidate. Focus on what is different, innovative and new that contributed to, demonstrated or led to your candidate's leadership.

Please provide the names, titles and contact information of <u>two healthcare business</u> <u>references</u> that will support your overall assessment of the submitted candidate. You may need to obtain references from the candidate. Please encourage these references to submit their own letter of recommendation endorsing this candidate's nomination.

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 <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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For additional explanations of each question on this form, see the question legend below.

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# **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 <u>professional relationships</u> 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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