

The MITSS Annual HOPE Award – Nomination Form

This annual award was established in 2008 to recognize those people (medical and non-medical individuals, teams, departments, healthcare institutions, long term care facilities, community health centers, etc...) who exemplify the mission of MITSS -- *Supporting Healing and Restoring Hope to those patients, families and clinicians affected by adverse medical events.*

I. **Nominee Information**

Name(s) of Individual(s) or department: _____

Organization (if applicable): _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

E-mail: _____

Nominated by: _____ Telephone Number: _____

E-mail: _____

II. **Review Criteria**

A 500 to 1,000 word essay that describes the initiative/work of an individual or organization, and how the initiative/work demonstrates the direct link to the MITSS mission of supporting healing and restoring hope to patients, families, and clinicians following adverse medical events will be reviewed by the Selection Committee. Factors that will be taken into account are how the nominee(s) demonstrates the above by their leadership, promoting awareness, education, advocacy, support, and action in their healthcare community.

III. **Submission Format**

Nomination packets should include a cover letter, application and essay. Self-nominations will be accepted. Packets should be sent to:

MITSS

830 Boylston Street, Suite 206

Chestnut Hill, MA 02467

ATTN: HOPE AWARD

IV. **Timeline**

The deadline for nomination is September 1, 2008. Applications received after this date will not be considered. The award will be presented at the MITSS 7th Annual Dinner and Fundraiser which will be held on Thursday, November 6, 2008, at the Renaissance Boston Waterfront Hotel, Boston, MA.

If you have any questions, please contact Winnie Tobin 617-232-0090 or wtobin@mitss.org.