



2010 OHA Spirit of Innovation Award Selection Form

Please complete the following for your hospital's designated recipient of the Spirit of Innovation Award. Return to OHA by Friday, Sept. 10. **This is NOT a nomination form.** The person selected and submitted by your hospital **WILL receive** the award at the OHA Convention in November. The information below is for use in the awards ceremony and press release. For more information on the award criteria, go to www.okoha.com/convention.

Hospital _____

Recipient Name _____
(Print clearly *exactly* as to be printed on certificate. Please verify spelling)

Title _____

Department _____

City/town of residence _____

Please provide **one or two brief** sentences (approximately 25 words) summarizing this person's contribution and significance to your organization and/or community:

E-mail address (of award recipient) _____

Phone number (of award recipient) _____

Submitted by (name) _____

Submitter title _____

E-mail address (of person submitting) _____

Signature of hospital CEO _____

Please e-mail a professional-quality photo of award recipient in their work environment and typical work attire. Photo should be in JPG or GIF format and sent to lisa@okoha.com.

**Return form by Friday, Sept. 10 to lisa@okoha.com.
Questions? Contact Mary Winters or Susie Wallace at (405) 427-9537.**