

Welcome to the 2025 HIMSS Changemaker Award Nomination form. This form is used for information purposes only, providing you with information required to complete the online nomination form. Please read all criteria carefully. **The online nomination form must be complete to be considered.**

Call for Nominations closes Monday, July 1 at 5:00pm CT. Late nominations are not accepted. **Nominators and Nominees must be HIMSS members to be considered.** Questions? Contact <u>awards@himss.org</u>.

Only ONE submission per nominee will be considered. Multiple submissions for the same nominee do not guarantee movement to the finalist stage or a higher level of consideration. If the nominator or nominee is not a HIMSS member, we invite you to join HIMSS <a href="https://example.com/here-table-nominee-table

Important Dates

Call for nominations opens
Call for nominations closes
Finalists notified
Finalists voting opens
Finalists voting closes
2025 Changemaker Award Recipients notified

May 20, 2024 July 1, 2024 | 5:00pm CT Early August 2024 August 19, 2024 September 16, 2024 | 5:00pmCT Mid-October 2024

HIMSS requires your consent to use the personal data submitted in connection with this application for a HIMSS award in a manner that satisfies the requirements of the EU General Data Protection Regulation ("GDPR"). Please acknowledge your agreement with respect to giving such consent.* (note: Finalists will be also be asked to give consent)

I give my consent to HIMSS, and opt-in to HIMSS' ability, to use the personal data I submit with this application for a HIMSS award for the purposes of reviewing, evaluating and acting on that application and to send communications related to the HIMSS award program and the application process, and for HIMSS to share such data with persons or entities who or which are not part of the HIMSS organization for the purposes of reviewing and evaluating this application for a HIMSS award.



Nominator/Submitter Information (Nominator must be a HIMSS member)

Nominator Name

Nominator Job Title | Nominator Organization

Nominator Email Address | Nominator Phone

Nominator HIMSS Membership Type (select one):

Individual

Corporate

Organizational Affiliate

Non-profit Partner

Chapter Only

Digital Only

HIMSS Staff

Please select one of the following:

- o I wish to remain anonymous, so the nominee does not know I nominated them.
- o I give HIMSS permission to share with the nominee that I nominated them.

Nominee Information (Nominee must be a HIMSS member)

Complete the below information about your nominee. Nominee MUST be a HIMSS member. Any type of HIMSS membership is eligible to be considered as a nominee. Not sure if your nominee is a HIMSS member? Contact awards@himss.org.

Nominee First and Last Name

Nominee Professional Credentials (i.e. PhD, MS, MD, etc. Select N/A if unsure)

Nominee Job Title, Nominee Organization

Nominee City, State, Country

Nominee Email Address, Nominee Phone

Nominee LinkedIn or Bio Link

Nominee Twitter (optional)

Nominee HIMSS Membership Type (select one):

Individual

Corporate

Organizational Affiliate

Non-profit Partner

Chapter Only

Digital Only

HIMSS Staff

Unsure (if unsure, contact awards@himss.org)



Nominee Worksite (drop-down) Select one

Academic Education Institution

Academic Medical Center

Ancillary Clinical Service Provider

Community Health Center Clinic

Critical Access Hospital

Entrepreneur, Startup, Disrupter Financial, Legal, Investment Firm

Government

Government Health Provider

Hospital, Multi-Hospital System, Integrated Delivery System

Healthcare Consulting Firm

HIE Organization

Home Healthcare Org

Independent Ambulatory Clinic

IDS/Hospital-owned Ambulatory Clinic

Long Term and Post-Acute Care Facility

Market Supplier

Payer, Health Plan

Pharma/Life Sciences

Pharmacy

Professional Assn/Society

Public Health

Other

Nominee must meet these requirements:

- Currently in good standing of HIMSS membership (must be a HIMSS member)
- o Not currently serve on the HIMSS Board of Directors or any HIMSS advisory boards
- Not currently employed by HIMSS nor engaged in a consulting contract with any component of HIMSS

Select the award(s) most applicable to your nominee. You may select up to three options.

- Chapter Advocate
- o Chapter Leader
- CXO: Senior Executive
- Global Patient Innovator
- Health Equity
- John A. Page Distinguished HIMSS Fellow
- Policy Influencer
- o Women in Health IT

Partner Awards (Nominee must be a member of HIMSS or one of the below organizations):

- ACCE-HIMSS Clinical Engineering
- o HIMSS-AMDIS Physician Executive
- o HIMSS-ANI Nursing Informatics



Describe in 500 words or less how your nominee demonstrates any or all of the following characteristics. Please provide specific examples including actions and results that relate to the award(s) for which they are being nominated.

- o Positively exemplifies the HIMSS mission and vision
- Drives transformational change, leading to improve health outcomes through the advancement of information and technology (i.e., to improve patient safety, coordinated care, population health, wellness, access and cost-effectiveness)
- Takes bold action(s) leveraging information and technology to propel innovation and reimagine health
- o Represents the highest standards of leadership in health information and technology
- Advocates for ongoing end-user and patient advocacy and education in the everchanging world of health technology
- o Respected and recognized as role models by their peers

Submit a 50-75 word abstract about your nominee that might be used on the public voting platform should the nominee be selected as a finalist. Voting will open in August and HIMSS members only are invited to vote. (If selected, finalists will have the opportunity to edit this description)

END OF 2025 HIMSS CHANGEMAKER NOMINATION APPLICATION. ALL NOMINATIONS MUST BE SUBMITTED ONLINE TO BE CONSIDERED TO MOVE TO FINALIST.