



Case Management Society of America
5034-A Thoroughbred Lane, Brentwood, TN 37027
Phone 615.432.0101 | Fax 501.421.2135
cmsa@cmsa.org | cmsa.org

Annual Deadline: February 14

Lifetime Achievement Award RECOMMENDATION

Email Completed Recommendation
requirements **by: FEBRUARY 14**

TO: cmsa@cmsa.org

Email subject line should read: *Lifetime Award, Candidate's Name*

Lifetime Achievement Award

The Case Management Society of America (CMSA) Lifetime Achievement Award is the most prestigious award the organization will bestow on its most dedicated professionals. The purpose of the Lifetime Achievement Award is to recognize an individual's outstanding, life-long achievement and demonstrates value delivery over many years of practice in multiple areas of case management. This is not an annual award but based on recommendations when received for Board review and determination. There may not be more than one recipient per year.

★AWARD REQUIREMENTS★

MINIMUM AWARD CRITERIA:

- ★ CMSA Member for 10 yrs or more.
- ★ Industry Leader for 15 yrs or more.
- ★ Evidence of significant impact in case management industry.

RECOMMENDATION PROCESS:

- ★ Professionals who meet the criteria may be recommended by a CMSA member to the National Board.
- ★ Self-Recommendations are not accepted.
- ★ Recommenders are responsible for ensuring all necessary documentation is included with application.

WHAT HAPPENS TO YOUR RECOMMENDATION?

- ★ Candidates are screened at CMSA National Office to ensure they meet minimum criteria.
- ★ Those meeting minimum criteria are forwarded to the CMSA Executive Committee for review and consideration to determine overall impact of his or her contributions towards the practice of case management.
- ★ CMSA Executive Committee will forward final recommendations to Board of Directors for approval.
- ★ Award recipients are notified by CMSA's President approximately 9-10 weeks before the Annual Conference.
- ★ The official award ceremony will be held at CMSA's Annual Conference in June.

The Board reserves the right to determine if there is a suitable recipient for Lifetime Achievement recognition.

AWARD BENEFITS:

- ★ One (1) Complimentary Full-Conference Attendance for Winner & One (1) Full-Conference Pass for one Guest
- ★ Personalized Crystal Award
- ★ Official Award Pin
- ★ Coach Airfare (subject to CMSA Travel Policy for in-person Conference only)
- ★ Hotel Stay (1 room for 3 nights) for in-person Conference only
- ★ Official Award Ceremony Recognition at Annual Conference
- ★ Copy of Recorded Presentation & Ceremony
- ★ CMSA News Recognition (Post-Conference)
- ★ One Year Complimentary CMSA Membership (National & Chapter)

LIFETIME ACHIEVEMENT AWARD

RECOMMENDATION FORM

Candidate Information:

<input type="text"/> Name of Candidate	<input type="text"/> Credentials
<input type="text"/> CMSA Chapter	
<input type="text"/> Place of Employment	<input type="text"/> Title
<input type="text"/> Mailing Address	<input type="text"/> City/State/Zip
<input type="text"/> Email	<input type="text"/> Phone

Recommender's Information:

<input type="text"/> Name of Recommender	<input type="text"/> CMSA Chapter
<input type="text"/> Email	<input type="text"/> Phone
<input type="text"/> Relationship to Candidate	<input type="text"/> Date

To the best of my knowledge, the information submitted on this Recommendation is true and accurate.

LETTERS OF RECOMMENDATION – Submit three (3) letters from professional individuals who can confirm the basis for this individual to be recommended for this award.

The letters must be submitted and relative to the award. Letters should be emailed to cmsa@cmsa.org. Subject line should indicate the name of the candidate and the award category. (Ex: Joe Smith, Lifetime Award)

Is the Candidate aware of the recommendation being made to the CMSA National Board for the Lifetime Achievement Award? YES NO

Lifetime Award Checklist

- Review Award Criteria
- Complete & Email Award Recommendation Form
- Complete & Email Award Application
- Email Curriculum Vitae
- Email three (3) letters of recommendation

All documents above should be emailed together to cmsa@cmsa.org with subject line: Lifetime Award, <Candidate Name>

LIFETIME ACHIEVEMENT AWARD APPLICATION

Candidate Name: _____

CMSA Membership: Current CMSA member: Have been a member for ten (10) years:	Membership Type: Select CMSA Member: Select Dates of Membership: <input style="width: 50px;" type="text"/>
Degrees: List academic credentials/degrees: (i.e., BSN, PhD, MD, etc...)	Academic Credentials: <input style="width: 50px;" type="text"/>
Certifications: List any current national healthcare-related certifications: (i.e., CCM, CRC, CCP, etc...)	Healthcare Certifications: <input style="width: 50px;" type="text"/>
LEADERSHIP ACTIVITIES	
CMSA National and/or Local Leadership: CMSA Officer/Board of Directors CMSA Committee/Task Force Chair CMSA Committee/Task Force Member List titles/positions, affiliation/organization, and term of office:	1) Leadership Title: <input style="width: 50px;" type="text"/> Affiliation: Select Year/Term: <input style="width: 50px;" type="text"/> 2) Leadership Title: <input style="width: 50px;" type="text"/> Affiliation: Select Year/Term: <input style="width: 50px;" type="text"/> 3) Leadership Title: <input style="width: 50px;" type="text"/> Affiliation: Select Year/Term: <input style="width: 50px;" type="text"/> 4) Leadership Title: <input style="width: 50px;" type="text"/> Affiliation: Select Year/Term: <input style="width: 50px;" type="text"/> 5) Leadership Title: <input style="width: 50px;" type="text"/> Affiliation: Select Year/Term: <input style="width: 50px;" type="text"/> 6) Leadership Title: <input style="width: 50px;" type="text"/> Affiliation: Select Year/Term: <input style="width: 50px;" type="text"/> 7) Leadership Title: <input style="width: 50px;" type="text"/> Affiliation: Select Year/Term: <input style="width: 50px;" type="text"/> 8) Leadership Title: <input style="width: 50px;" type="text"/> Affiliation: Select Year/Term: <input style="width: 50px;" type="text"/>
Other Leadership: List leadership positions with other national, state, or local level healthcare organizations on Board, or Committee roles, as well as any advisory task force panels or national initiative programs. List title(s) and organization(s).	1) Name of Organization: <input style="width: 50px;" type="text"/> Position Title: <input style="width: 50px;" type="text"/> Year/Term: <input style="width: 50px;" type="text"/> 2) Name of Organization: <input style="width: 50px;" type="text"/> Position Title: <input style="width: 50px;" type="text"/> Year/Term: <input style="width: 50px;" type="text"/> 3) Name of Organization: <input style="width: 50px;" type="text"/> Position Title: <input style="width: 50px;" type="text"/> Year/Term: <input style="width: 50px;" type="text"/>

Leadership Achievements:

Which of these Leadership Achievements will become a source of historic pride in developing the platform for future generations of case managers?

Mentorship:

Share information on how this candidate has been involved in a mentoring role to others in the case management industry and define that role and impact.

Volunteerism:

In addition to any volunteer roles listed above with CMSA or other healthcare organizations, please list any other volunteer activities that made a significant impact to the case management industry.

Passion:

Communicate any leadership activities that indicate this person instills a passion for the field case management.

Leadership Dedication:

In summary, express how their leadership role has shown dedication and service to professional healthcare organizations.

PROFESSIONAL ACTIVITIES

Case Management Industry Contributions:

Share any major contribution(s) this candidate has made during their professional career to the case management industry, and explain how the contributions have impacted or advanced the CM industry,

Professional Standards:

Share any professional standards or ethics developed or established by this candidate and its impact on the industry.

Impact of Publications:

Share any documents, articles, books, etc... published by this candidate and how these publications impacted the advancement of the industry.

Publication Information: [redacted]
Impact on Industry: [redacted]

Publication Information: [redacted]
Impact on Industry: [redacted]

Publication Information: [redacted]
Impact on Industry: [redacted]

Publication Information: [redacted]
Impact on Industry: [redacted]

Public Speaking:

List information on any programs this candidate developed and consistently presented that has had an impact on advancing the case management practice.

Presentation Title: [redacted]
Impact on CM: [redacted]
Type of Audience: [redacted]

Presentation Title: [redacted]
Impact on CM: [redacted]
Type of Audience: [redacted]

Presentation Title: [redacted]
Impact on CM: [redacted]
Type of Audience: [redacted]

Presentation Title: [redacted]
Impact on CM: [redacted]
Type of Audience: [redacted]

Outcome Studies:

Provide a summary of how research findings by this candidate were documented and incorporated to enhance case management.

[redacted]

Industry Image:

How is this candidate recognized in the case management industry as a visionary and innovator in their practice?

[redacted]

AWARDS & HONORS

Special Recognitions:

Share information on any accomplishments or special recognitions that this candidate has accomplished that has made an impact on the case management industry:

Recognition by scholars, critics, healthcare peers and/or general public:

Recognition on a national or international level in case management through organizations or associations:

Recognition in the healthcare industry outside of case management:

Letter from the Recommender:

This is your opportunity to summarize to the National Board why you feel this candidate is deserving of the Lifetime Achievement Award. Please create your letter in the text box below: