

ACHCA Hall of Fame Fellow Form



ACHCA Members may nominate eligible candidates by submitting the online Hall of Fame nomination form at www.achca.org/Hall-of-Fame-Nomination. **Nominators must obtain signatures from five (5) active Fellows to complete the nomination process.** The signatures indicate that the ACHCA Fellow agrees with the nomination of the Hall of the Fame nominee.

I, _____ (nominator), would like to nominate
_____ (name of the nominee) to the ACHCA 2024 Hall of Fame.

By signing your name below, you are confirming that you agree that my candidate for the Hall of Fame is an individual that has made significant contributions to the American College of Health Care Administrators over an extended period or has made a unique and lasting contribution to the College.

Fellow Signature #1:

Fellow Signature #2:

Fellow Signature #3:

Fellow Signature #4:

Fellow Signature #5:

The required five (5) Fellow signatures can be e-mailed to awards@achca.org. Be sure to include HOF in the subject line.