Annual Awards of Excellence Nominations

New Hampshire Hospital Association

JAMES A. HAMILTON FOUNDER'S AWARD

PRESIDENT'S AWARD

MEDICAL STAFF AWARD

CHAMPION OF CARE AWARD

OUTSTANDING TRUSTEE OF THE YEAR AWARD

New Hampshire Hospital Association

JAMES A. HAMILTON FOUNDER'S AWARD

The James A. Hamilton Founder's Award is the highest recognition given by the New Hampshire Hospital Association. It is presented only as appropriate for outstanding service to health care on behalf of the people of New Hampshire. This distinguished service may be made directly in health care or through related activity in government, education, the humanities or the environment. The recipient shall be a person whose integrity and consistent commitment are readily evident to his or her associates and whose extraordinary achievement or exceptional contribution in the interest of human health and well being has extended into the local community, state or nation. This person need not be a member of the New Hampshire Hospital Association.

Nominee:_____

Address:_____

Town:_____ State:_____ Zip:_____

Nominating Institution:_____

Contact Person: _____

Tel: _____ Email: _____

Please submit a short write-up that makes the case for the above nomination. Your case should be built upon the criteria listed above, especially using examples that highlight the qualities listed as necessary for this award to be made.

Nomination Deadline: Friday, July 24, 2026

Submit nomination to: tboucher@nhha.org

New Hampshire Hospital Association

PRESIDENT'S AWARD

This award is given to an active Association member who has made an exceptional contribution directly to New Hampshire Hospital Association. Presented annually, the President's Award is given for dedicated service to the affairs, management, and/or creative growth of the Association and its affiliates. The recipient shall be an Association member, affiliate, volunteer, or employee who has played an exceptionally active role in furthering the purposes of NHHA and/or whose service continually brings credit to the field of health care through NHHA. For this award, nominees may be from an institution other than the nominating institution.

Nominee:_____

Address:_____

Town:_____ State:_____ Zip:_____

Nominating Institution:_____

Contact Person: _____

Tel: _____ Email: _____

Please submit a short write-up that makes the case for the above nomination. Your case should be built upon the criteria listed above, especially using examples that highlight the qualities listed as necessary for this award to be made.

Nomination Deadline: Friday, July 24, 2026

Submit nomination to: tboucher@nhha.org

New Hampshire Hospital Association

MEDICAL STAFF AWARD

This award is a high honor bestowed upon a medical staff member from a New Hampshire Hospital Association institution whose professional performance has strengthened the cooperation between the institution and the medical staff, and who brings credit to the institution and the community. The recipient shall exemplify the professional medical staff that devote themselves to excellence in health care. The recipient will be an individual whose performance has contributed to the effectiveness and efficiency of the institution; who is held in high regard by peers and colleagues; and who actively participates in civic and community affairs on behalf of the institution.

Nominee:_____

Address:_____

Town:_____ State:_____ Zip:_____

Nominating Institution:_____

Contact Person: _____

Tel: _____ Email: _____

Please submit a short write-up that makes the case for the above nomination. Your case should be built upon the criteria listed above, especially using examples that highlight the qualities listed as necessary for this award to be made.

Nomination Deadline: Friday, July 24, 2026

Submit nomination to: tboucher@nhha.org

New Hampshire Hospital Association

CHAMPION OF CARE AWARD

This award is a high honor bestowed upon a clinical or non-clinical professional or support team member from a New Hampshire Hospital Association member institution whose outstanding performance exemplifies a commitment to excellence in patient care and advances the mission of their organization. The recipient shall demonstrate exceptional expertise, compassion, professionalism and a steadfast commitment to improving the health and well-being of patients, families and the organization and communities they serve. The recipient will be an individual whose service has contributed to the effectiveness and efficiency of care; who is recognized and respected by patients, peers and colleagues; who serves as a role model for others through leadership, collaboration and dedication to continuous improvement; and who actively contributes to advancing and strengthening the health care community.

Nominee:_____

Address:_____

Town:_____ State:_____ Zip:_____

Nominating Institution:_____

Contact Person: _____

Tel: _____ Email: _____

Please submit a short write-up that makes the case for the above nomination. Your case should be built upon the criteria listed above, especially using examples that highlight the qualities necessary for this award to be bestowed. Examples may include exceptional patient care, leadership qualities, mentorship of colleagues, contribution to meaningful improvements in systems, innovative approaches to care/service delivery and service to the organization and community.

Nomination Deadline: Friday, July 24, 2026

Submit nomination to: tboucher@nhha.org

New Hampshire Hospital Association

OUTSTANDING TRUSTEE OF THE YEAR AWARD

The Outstanding Trustee of the Year Award is presented annually to a trustee of a New Hampshire Hospital Association member institution whose achievement in the field of hospital trusteeship stands out above all others, and who serves as an example to encourage others in the pursuit of excellence in hospital governance. The recipient of this award should demonstrate excellence in institutional governance through his or her dedication to the mission of the hospital; leadership; a deep understanding of the health care system; an ability to envision future trends and move in that direction; and an involvement in civic and community activities on behalf of the institution.

Nominee:_____

Address:_____

Town:_____ State:_____ Zip:_____

Nominating Institution:_____

Contact Person: _____

Tel: _____ Email: _____

Please submit a short write-up that makes the case for the above nomination. Your case should be built upon the criteria listed above, especially using examples that highlight the qualities listed as necessary for this award to be made.

Nomination Deadline: Friday, July 24, 2026

Submit nomination to: tboucher@nhha.org