



**ANNUAL AWARDS NOMINATION FORM**  
**Submission Deadline is February 1, 2018**

<b>Check one:</b> <input type="checkbox"/> Advocate of the Year <input type="checkbox"/> Mentor of the Year <input type="checkbox"/> Sylvia B. Davis Scholarship
--

As a FAMSS member in good standing, I hereby nominate the following individual for the annual award indicated above. Please refer to the eligibility criteria. You may attach additional pages if you need more space. Members of the FAMSS Board of Directors are not eligible for nomination.

<b>Nominee's Name</b>	
-----------------------	--

**Demographic Information**

<b>Nominee's Title</b>		
<b>Nominee's Organization</b>		
<b>Mailing Address</b>		
<b>Phone:</b>	<b>E-mail:</b>	<b>Fax</b>

**Describe nominee's efforts to support local, FAMSS and NAMSS membership:**


**Describe nominee's networking/mentoring efforts:**


**List nominee's educational presentations and/or articles written:**


**This nomination is submitted by:**

<b>Signature:</b>	<b>Date:</b>	
<b>Printed Name:</b>		
<b>Organization:</b>		
<b>Phone:</b>	<b>E-mail:</b>	<b>Fax:</b>

Please return the nomination form to:  
 FAMSS Press Secretary  
 E-mail: [suetanenbaum@yahoo.com](mailto:suetanenbaum@yahoo.com) or [Presssecretary@famss.org](mailto:Presssecretary@famss.org) or mail to:  
 Susan Tanenbaum, CPCS, CPMSM  
 2823 Cedaridge Drive  
 Tampa, FL 33618



## ANNUAL AWARDS 2018

The FAMSS Board of Directors may present any or all of the following awards at the annual FAMSS Business Meeting held during the Annual Education Conference:

- 1) A nomination form will be posted on the FAMSS website and a reminder to nominate sent with the annual membership renewal notices. Nominations must be submitted in time for consideration by the FAMSS Board no later than January 31<sup>st</sup>. Current Board of Directors members shall not be eligible.
- 2) A FAMSS member in good standing may nominate candidate(s) for an award by submitting a narrative (not to exceed 500 words), including the following information:
  - a. Nominee's name, organization and position name;
  - b. Nominee's mailing address, phone number and FAX number;
  - c. Description of nominee's contributions to FAMSS.
- 3) When submitted, all nominations become the property of the FAMSS Board of Directors and will not be returned. FAMSS reserves the right to reprint the nomination and photographs in FAMSS publications and on the FAMSS website.
- 4) It is the responsibility of the individual submitting the nomination to ensure it is completed and submitted within the time frame designated on the FAMSS Request for Nominations form.

The FAMSS Board of Directors will evaluate all nominations. The Board of Directors will determine if any or all awards are to be presented at the FAMSS Business Meeting held during the Annual Education Conference. The President/or designee will notify recipients in advance of the Conference.

### **FAMSS Advocate Award**

The FAMSS Advocate Award(s) recognizes professionals for the contributions they have made to FAMSS. The recipient shall receive a recognition award, one (1) night's lodging and travel expenses per the travel policy, for the recipient only.

### **FAMSS Mentor Award**

The FAMSS Mentor Award(s) was established to recognize FAMSS members in good standing for their mentoring efforts. The recipient shall receive a recognition award, and two-day conference registration. The recipient will be invited to attend the luncheon to accept the award.

### **FAMSS Sylvia B. Davis Scholarship Award**

The FAMSS Sylvia B. Davis Scholarship Award was established to recognize FAMSS members for their efforts at the local chapter and state level. The award is a scholarship to cover the cost of the recipient's two-day conference registration, lodging and travel in accordance with FAMSS Travel Policy to be redeemed within two (2) years. Candidates must be FAMSS members in good standing who have demonstrated enthusiastic support of FAMSS and NAMSS.

Reference: FAMSS Policy and Procedures April 2017.



## CERTIFICATION EXAMINATION SCHOLARSHIP

### CRITERIA FOR CPMSM/CPCS CERTIFICATION SCHOLARSHIP

1. Must be an Active FAMSS member of at least twelve (12) months in good standing.
2. Must be an Active NAMSS member.
3. Cannot be a member of the Board of Directors for either the State or National associations.
4. Application, plus a 300-word typewritten statement regarding the desires to become certified, and how certification will benefit, both personally and professionally, plus two (2) letters of reference (one from the applicant's supervisor and one from another FAMSS member) attesting to the applicant's character and verifying the applicant's employer is unable and/or unwilling to pay for the NAMSS CPMSM and/or CPCS certification examination fee(s), must be submitted by deadline.
5. Applicants will be measured by the degree of the following criteria:
  - Commitment toward educational growth as a medical staff/credentialing services professional
  - Sincere enthusiasm and support for the goals of FAMSS
  - Future benefits to FAMSS resulting from certification assistance

*DISCLAIMER:* The FAMSS Board reserves the right to withhold awarding a scholarship. Certification reimbursement is contingent upon the recipient passing the examination.

APPLICANT NAME: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

I have been employed for \_\_\_\_\_ months/years as a Medical Staff/Credentialing Services professional. I hereby request consideration of my application for scholarship funds offered by FAMSS. I have enclosed the requested documentation to assist the Selection Committee in arriving at a decision. I attest that the information provided is true and correct.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ PHONE: \_\_\_\_\_

Email to FAMSS Press Secretary @ [presssecretary@famss.org](mailto:presssecretary@famss.org)

\* Application packet must be received by the Press Secretary no later than January 1 (Spring Examination) April 1 (Summer Examination) or August 1 (Fall Examinations). Confirmation of application receipt will be provided.



**FAMSS EXPENSE REPORT  
FAMSS DEBIT CARD TRANSACTION(S)**

Name:	<b>EXPENSE PURPOSE</b> <input type="checkbox"/> Board of Directors/Business Meeting <input type="checkbox"/> Education Committee Meeting <input type="checkbox"/> NAMSS Annual Conference*** <input type="checkbox"/> NAMSS Leadership*** <input type="checkbox"/> Site Visits for Conference selection <input type="checkbox"/> Reimbursable expenses (printing, postage, supplies) <input type="checkbox"/> Conference supplies ***FAMSS President or President-elect only
Address:	
City, State, Zip:	
Phone/Fax:	

**TRAVEL EXPENSES  
(Attach Receipts)**

	Date / /	Date / /	Date / /	Date / /	Date / /	TOTALS
Mileage (prevailing rate)						
Airfare (Advance purchase, economy)						
Taxi/Shuttle		\$				
Parking						
Tolls/Tips						
Lodging						
Meals (Limit \$50 a day)	Brfst:					
	Lnch:					
	Dnr:					
<b>TOTAL PER DAY</b>						

**ADMINISTRATIVE EXPENSES  
(Attach Receipts)**

	Amount
Printing	
Postage	
Supplies	
Other	

Debit Use Amount \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>FAMSS TREASURER USE ONLY</b>
Total Debit Expense: _____ Account #: _____



Dear «Speaker»:

I am the Speaker Liaison for the FAMSS (conference), and will be your contact going forward. I am pleased to confirm your speaking engagement for the FAMSS (YEAR) Annual Educational Conference which will be held at the: (Hotel, City, State, Dates of Conference, additional information about hotel and location if available/website).

As discussed with your initial contact, you have agreed to present as follows:

**DATE:**

**TIME:**

**SESSION TOPIC:**

(REPEAT THE ABOVE IF MORE THAN ONE SESSION...).

AGREED UPON FEES AND EXPENSES:

Honorarium made payable to: \_\_\_\_\_  
Please Print Legibly

For your convenience, a checklist has been provided for items that need to be returned with the speaker confirmation packet by February 1st:

- Please send a short description of your topic and objectives by (Include Due DATE) so that we may accurately describe your session in our conference brochure.
- Most current CV or Biography (Due DATE) or sooner if available
- Speaker Introduction (please keep to less than 2 minutes) (Due DATE) or sooner if available
- Completed Speaker Information form (see attached- included in packet)

**Conference Session(s) Presentations for posting are due by (DATE).**

All materials requested should be emailed to: (email). We look forward to your participation in our (YEAR) Conference. If you should have any questions or concerns, please feel free to contact me.

Sincerely,

Jodi Alford, CPCS

**FAMSS Speaker Liaison**

**Speaker Liaison Contact Information**

Email: [jodi.alford@hcahealthcare.com](mailto:jodi.alford@hcahealthcare.com)

Phone:

## **PRESENTATION and SESSION GUIDELINES**

- Submit Power Point presentations in PC format, full slide presentations. The presentation will be posted for the attendees in note format.
- If graphics are used, select those that have good color separation, distinct lines, and will reproduce clearly.
- In displaying graphs of all forms, choose colors that provide distinct contrast in relation to each other.
- If the material you are presenting is not owned by you, you must include the signed "Copyright Permission Form."
- No Handouts will be provided by FAMSS. Should you choose to distribute handouts, you will be responsible to provide them at the meeting.

## SPEAKER INFORMATION FORM

**Presentation Title(s):**

**Date/Time of Session:**

**Speaker Name:**

**Organization Name:**

**Address:**

**Telephone/Fax:**

**Email:**

### AV EQUIPMENT AND SESSION PRESENTATION:

FAMSS provides the following A/V equipment in each meeting room:

- Lavalier Microphone.
- Computer Laptop for presentation.

If you need additional items please indicate below.

Please note: additional items are subject to approval by FAMSS Education Conference Chair and may be at an additional charge as billed to FAMSS by the hotel.

- No additional item(s) needed
- Additional items needed, please provide

details: \_\_\_\_\_

**SESSION PRESENTATION:** Your presentation must be received by **(Due DATE)** for posting to the website.

If not provided by due date, you will be responsible for providing paper copies for hand-outs for session(s).

This is not FAMSS' recommended avenue of distribution. . **Updates may be posted on the FAMSS website.**

### HOTEL ACCOMODATIONS: **One night per day as per travel policy**

Reservation needed for:

Wednesday evening    **mm/dd/yy**     Double     King

Thursday evening    **mm/dd/yy**     Double     King

Friday evening    **mm/dd/yy**     Double     King

**Special Needs:** \_\_\_\_\_

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

## COPYRIGHT PERMISSION FORM

In the case of any copyrighted material not owned by me, I have obtained permission (below) from the copyright owner to use/reprint this material. I will be responsible for any damages and costs resulting from infringement or any or all of the described material. I understand that failure to agree to the above terms releases FAMSS (Florida Association Medical Staff Services) from any obligation to include me as a speaker in the FAMSS **(2018)** Education Conference program and by signing this form I am agreeing to the above terms.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Permission of other copyright owner:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## **TRAVEL POLICY**

Travel expenses (mileage, airfare, lodging, meals, etc.) for FAMSS approved meetings will be covered as outlined below:

### **Conference Speakers:**

FAMSS Conference speakers will be reimbursed for the following expenses:

1. Mileage for travel (rate determined by prevailing tax standard)  
**or**
2. Advance purchase (21 day) economy class airfare for travel
3. One Night accommodation per day for speaking.
4. Reasonable meal expenses limited to \$50 per day. No expenses for family or friends accompanying speaker will be reimbursed. No personal expenses (bar tabs, movies, massages, etc.) will be reimbursed.
5. Reimbursement will not be made without receipts except under special circumstances or in instances where obtaining a receipt is difficult or impossible.
6. A FAMSS Expense Report shall be completed within 15 days following the conference date, and submitted to the FAMSS Treasurer for payment\*.

---

\*Please submit expense report and receipts to:

FAMSS  
c/o Coreen Morgan  
3808 Swans Landing Drive  
Land O Lakes, FL 34639  
Email: [treasurer@famss.org](mailto:treasurer@famss.org)

## FAMSS REIMBURSABLE EXPENSE REPORT

Name:	<b>EXPENSE PURPOSE</b> FAMSS Conference Speaker Board of Directors Meeting Education Committee Meeting FAMSS Business Meeting *NAMSS Annual Conference *NAMSS Leadership Reimbursable expenses (printing, postage, supplies, etc.) *FAMSS President or President-elect only (or designee).
Address:	
City, State, Zip:	
Phone/Fax:	

### TRAVEL EXPENSES (Attach Receipts)

	Date / /	Date / /	Date / /	Date / /	Date / /	<i>TOTALS</i>
Mileage (prevailing rate by IRS)						
Airfare (Advance purchase, economy)						
Taxi/Shuttle						
Parking						
Tolls						
Lodging						
Tips: Parking/Transportation						
Tips: Hotel						
Meals (Limit \$50 a day)      Breakfast						
Lunch						
Dinner						
<b>TOTAL PER DAY</b>						

### ADMINISTRATIVE EXPENSES (Attach Receipts)

	Amount
Printing	
Postage	
Supplies	
Other:	

**Reimbursable Amount:** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

### FAMSS TREASURER USE ONLY

Total Reimbursable Expense: \_\_\_\_\_  
 Check #: \_\_\_\_\_ Date of Check: \_\_\_\_\_  
 Check Issued to: \_\_\_\_\_ Account: \_\_\_\_\_

## ***TRAVEL POLICY***

Travel expenses (mileage, airfare, lodging, meals, etc.) for FAMSS approved meetings will be covered as outlined below:

### **Conference Speakers:**

FAMSS Conference speakers will be reimbursed for the following expenses:

1. Mileage for travel (rate determined by prevailing tax standard),  
**or**
2. Advance purchase (21 day) economy class airfare for travel
3. One night accommodation per day for speaking.
4. Reasonable meal expenses limited to \$50 per day. No expenses for family or friends accompanying speaker will be reimbursed. No personal expenses (bar tabs, movies, massages, etc.) will be reimbursed.
5. Reimbursement will not be made without receipts except under special circumstances or in instances where obtaining a receipt is difficult or impossible.
6. A FAMSS Expense Report shall be completed **within 15 days** following the conference date, and submitted to the FAMSS Treasurer for payment.



Date

Name

Company

Address

City, State, Zip

Dear

Please accept our sincere thanks for the excellent presentation you gave to the attendees of the Florida Association Medical Staff Services annual conference this past week.

We enjoyed having you as a speaker and appreciate your contributions to FAMSS.

Warm regards,

President Name

President,

Florida Association Medical Staff Services



## Web Site Advertising

The FAMSS Web Site is accessible to members and non-members. Marketing your company's employment opportunities at our web site is an effective approach to fulfill your needs with qualified employees. FAMSS does not endorse any products and reserves the right to approve all ads submitted for placement. All Web site advertising **expires 60 days after the ad is posted**. Get the best bang for your buck! Reasonable rates are listed below for advertising. *All checks made payable to FAMSS.*

Item	Member Price	Nonmember Price	Total
Web Site Employment Opportunity	<b>\$50.00</b>	<b>\$100.00 each posting</b>	
Check enclosed for total payment of	\$	Check #	
<input type="checkbox"/> By checking this box, I authorize FAMSS to charge my credit card in the amount of \$ as follows: Card Type, check one box: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa			
Name as it appears on Card			
Billing Address: (zip code required)			
<i>(Account # and Code are required to process payment)</i>			
Account #		3 or 4 digit code	
Expiration Date			
Phone Number (Area Code) for Questions:			
<b>Please email credit card orders to <a href="mailto:treasurer@famss.org">treasurer@famss.org</a> or mail checks to:</b> <b>Coreen Morgan, CPMSM</b> 18865 State Road 54, Unit 201 Lutz, FL 33558 Email <a href="mailto:Treasurer@famss.org">Treasurer@famss.org</a>			

Approved November 13, 2010; Updated May 2, 2011; Updated October 11, 2011, Updated January 25, 2013, Updated February 13, 2017, April 1, 2017, October 7, 2017, September 2018