Department of Health and Human Services
Indian Health Service Director's Awards
INSTRUCTIONS FOR NOMINATION FORM

Nominations Deadline: July 13, 2026

The Director of the Indian Health Service recognizes individuals or groups of employees whose special efforts and contributions beyond their regular duty requirements have resulted in significant benefits to the IHS strategic goals, objectives and programs, customers, and fulfillment of the IHS mission.

To nominate someone for the 2025 Director's Awards, you must choose from the following categories based on the nature of the act, service, or performance. These awards recognize the performance of an individual or group within the calendar year of 2025.

Award Categories:

- **IHS Director's Award:** This award recognizes service that has significantly advanced the IHS mission and vision through work focused on the goals and objectives in the IHS Strategic Plan: Access, Quality, and Management Operations with particular emphasis on quality improvement activities.

- **IHS Patient Safety Award:** This award recognizes service that has significantly advanced the IHS mission and vision through work focused on the goals and objectives in the IHS Strategic Plan: Access, Quality, and Management and Operations with particular emphasis on patient safety activities

- **IHS Director's Award for Customer Service:** This award recognizes service that has significantly advanced the IHS mission and vision and the strategic goals and objectives through customer service. This award is designed to recognize innovation and exceptional performance and/or exemplary actions resulting in quality service to patients and their families, colleagues/other units or departments, and/or partners of the IHS.

- **IHS Buford Rolin National Achievement Award:** This award recognizes exceptional contributions made by a Special Diabetes Program for Indians (SDPI) grant recipient or program that has made a substantial impact in preventing or treating diabetes within American Indian and Alaska Native communities. This award honors efforts in prevention, treatment, detection, policy changes, mentorship, and community impact. ***SDPI grant programs only are eligible.**

For additional details about the award criteria, please visit https://www.ihs.gov/nda/. To learn more about the IHS Strategic Plan, please visit https://www.ihs.gov/strategicplan/.

NOMINATION SUBMISSION: All awards require signature, digital preferred, from the nominator along with one of the following as applicable: Hospital Tier Director or Designee, Area Director, or HQ Office Director. Offices and Areas may set internal deadlines to ensure timely processing. Digital forms, not scanned copies, are preferred.

All signed award nominations will then be submitted via email to IHSAwardManagement@ihs.gov. The deadline for receiving nominations is July 13, 2026. Any nominations received after this date will not be considered. If you have any questions, please contact the Awards Management and Processing Team at IHSAwardManagement@ihs.gov.

Department of Health and Human Services
Indian Health Service Director's Awards
NOMINATION FORM

Nominations Deadline: July 13, 2026

- Complete a separate nomination form for each individual/team nominee.

1. Award Category

Indicate Award Category:

Indicate Type of Award (Individual or Team):

2. Nominee Information

INDIVIDUAL AWARD: *Please list the Individual's Name as it should appear on the award.

First Name/Last Name: _____

IHS Email Address: _____

Personal Email Address: _____

Personal Phone Number: _____

TEAM AWARD: *Please list the Team Name as it should appear on the plaque or certificate*

Team Name: _____

Team Lead's First Name/Last Name: _____

***Please make sure to use Attachment A (Page 4) to list all team members who are being nominated for this award.**

3. Award Citation: *This text will be used directly in the official award script. (Please limit write-up to 25 words or less)

4. **(For All Nominations) Nominator's Name:** **Title:** **Signature:** **Date:**

5. ONE SIGNATURE BELOW AS APPLICABLE:

5a. (For Hospital Operations Only) **Signature:** **Date:**
Hospital Tier Director or Designee Name:

5b. (For Areas/Non-Tiered Service Units Only) **Signature:** **Date:**
Area Director Name:

5c. (For Headquarters Only) **Signature:** **Date:**
HQ Office Director Name:

9. AWARD NOMINATION JUSTIFICATION

In the space provided, please explain how the individual or team significantly advanced the IHS mission and vision through enhancements supporting one or more of the following IHS Strategic Goals: Access, Quality, and Management and Operations for the award category.

Team Member Names – Attachment A

Name of Team: _____

Please list each team member's name as it should appear on the certificate

Team Lead (Please indicate one team lead in this column)	**Last Name, First Name** (Add official title if there is one, i.e. Dr. or CAPT)	**IHS Email Address**	**Personal Phone Number**	**Personal Email Address**