



# TEXAS ASSOCIATION OF HEALTH UNDERWRITERS

## OIDA PETERSON PROFESSIONAL DEVELOPMENT AWARD

(For timeframe 01/01/2018 to 12/31/2018)

Chapter: \_\_\_\_\_

Professional Development Chair: \_\_\_\_\_

**Description:** The Chapter Professional Development award honors a local chapter and its chairperson that has demonstrated exceptional leadership by providing outstanding education/professional development programs on health insurance and related topics to members, associates and the general public.

**Criteria:** The winning chapter and its chairperson will be recognized for education activities that have placed them in the forefront in the area of education.

**Please “X” all accomplished items and attach documentation and/or verification for each.**

- \_\_\_\_\_ 1. Two Continuing Education courses (CE's) per quarter.
- \_\_\_\_\_ 2. Equivalency of Chapter Membership at all CE's combined. (Total all attendees at Chapter's CE's during award timeframe, is that total the same or more than the # of members in your Chapter?)
- \_\_\_\_\_ 3. Host at least one designation CE class. (SGS, RHU, REBC, MHP, etc.)
- \_\_\_\_\_ 4. Invitation letters to non-members. (Submit a copy of two)
- \_\_\_\_\_ 5. Host at least one TAHU Legislation CE program.
- \_\_\_\_\_ 6. Offer twelve hours or more of CE per year.
- \_\_\_\_\_ 7. 25% of all the CE attendees were non-members. (at one meeting)
- \_\_\_\_\_ 8. Two articles in Newsletter. (Not promotions, but informative items)
- \_\_\_\_\_ 9. Thank-you notes to CE Speakers. (Submit a copy of two)
- \_\_\_\_\_ 10. CE involving the public and/or clients (ie. COBRA or HIPAA).

- \_\_\_\_\_ 11. Professional Development Committee has at least 4 committee members (list names & responsibilities).
- \_\_\_\_\_ 12. Attend at least one TAHU CE Workshop (Convention, Regional, Workshops etc. These can also include training conference calls).
- \_\_\_\_\_ 13. The use of at least 2 TAHU sponsored CE's.
- \_\_\_\_\_ 14. The use of agent database for marketing to Group I agents (carrier, TDI, other industry associations, etc).
- \_\_\_\_\_ 15. Create CE net gain revenue for local Chapter.
- \_\_\_\_\_ 16. Professional Development Chair attends the TAHU Convention.
- \_\_\_\_\_ 17. Help create/request certification for one new TAHU CE.
- \_\_\_\_\_ 18. Help certify two new instructors to teach any existing TAHU CE's.

Signature of Chapter President: \_\_\_\_\_ Date: \_\_\_\_\_

Return form and award submission requirements to:

TAHU Awards

C/O Hoffman Insurance Group

14905 Southwest Fwy #200

Sugar Land, TX 77478

<b>Must be RECEIVED no later than February 22, 2019</b>
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For questions regarding completion of this form, or other TAHU Awards matters, please contact your TAHU Awards Chair, Crystal Hoffman, at [crystal@hoffmaniq.com](mailto:crystal@hoffmaniq.com) and include "TAHU Awards" in the subject.

Applications must be RECEIVED no later than the close of business on the due date regardless of method of delivery. Exceptions to the submission deadline MAY be approved with TAHU board approval.

Faxed or hand delivered submissions will NOT be accepted.

A copy of the submission form must accompany all submissions with points/narrative written on the submission form. Submission form should NOT be changed, retyped or reformatted. If additional space is needed, extra sheets should be attached and numbered to correspond to submission form. Packets received without applications forms/score sheets will not be considered.

*Awards Committee use only:*

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

Reviewed by: \_\_\_\_\_

**(Initials)**      **(Initials)**      **(Initials)**