

LARRY W. MILLER
HEALTH INFORMATION SPECIALIST OF THE YEAR
INFORMATION SYSTEMS AND HEALTH ASSESSMENT SECTION
NOMINATION FORM

One of the benefits of membership with the Georgia Public Health Association (GPHA) is the ability to nominate individuals or groups for the various awards GPHA bestows.

The Health Information Specialist of the Year started in 1998 and is presented to a member of the Information Systems and Health Assessment Section. The Health Information Specialist of the Year Award was established to recognize individuals for their professional contributions to managing, analyzing, producing and communicating health information.

Nominee Name: _____
Address: _____
City: _____ County: _____ GA Zip: _____
Agency: _____ Position: _____
Nominated by: _____
Address _____ City: _____ GA Zip: _____
Telephone: _____ FAX: _____
E-mail Address: _____

Nomination Requirements:

Eligible nominees include those persons who collect, analyze, and transform health-related data into useful information for planning, review, evaluation, advocacy, and organizational decision-making purposes, as well as those who develop and maintain the data systems that make health information available. Nominees should work for agencies that serve to protect the health of the citizens of Georgia. Officers of the section, who also serve as the nominating committee, are ineligible to submit nominations or be nominated.

Criteria for Selection:

1. INNOVATION: How did the nominee do something that was new or unique?
2. IMPACT: What did the nominee do to improve the quality of Public Health services?
3. TIMELINESS: How did the nominee's activities address a current Public Health problem?
4. VISIBILITY: How did the nominee increase the community's awareness of Public Health?
5. INITIATIVE: How did the nominee demonstrate initiative or persistence in his/her activities?

The nomination form should not be longer than 4 pages including the Nomination Form. All 5 Criteria for Selection should be addressed. Attachments will not be accepted.

NOMINATION DEADLINE: NOVEMBER 16, 2010

Send to: Margaret R. Bean
District Program Manager
Northwest Georgia Health District
1309 Redmond Road, NW
Rome, Georgia 30165-9655
Phone: 706-295-6647
Fax: 706-802-5681