

**MATERNAL AND CHILD HEALTH COMMUNITY SERVICE AWARD
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.

Description of the Award: The MCH Community Service Award was initiated by the Maternal and Child Health Section of the Georgia Public Health Association in 2003. The purpose of this award is to recognize an individual in the community who has made an exceptional contribution to the health and well-being of mothers and children in Georgia.

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

Nomination Requirements:

1. An individual who is not currently employed in a state or local public health agency and is actively working in a community capacity.
2. An individual whose work fits any or all of the following criteria:
 - a. Long-term involvement in Maternal and Child Health.
 - b. Recognized expert or authority in their particular area of Maternal and Child Health.
 - c. Important contribution(s) including playing a key role in advancing improvement in the health status of mothers or children in Georgia on a local or statewide basis.
 - d. Advocacy for Maternal and Child Health at the Legislature or with other decision making bodies.
 - e. Played a key role in development of successful innovative program(s) in Maternal and Child Health in Georgia.
 - f. Collaboration with health, education, social services, and other decision makers and service providers to coordinate advocacy and other efforts.

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