AL DOHANY AWARD FOR COMMUNITY SERVICE
NOMINATION FORM

Description of the Award: The Al Dohany award for Community Service is in honor of a Public Health Leader, Al Dohany, who was highly respected among his peers and who made great contributions to the promotion of public health through his work with family connection and community groups at the local level. This award is a Public Health Association Award and was established in 1999. This award is presented annually to an individual who has made a positive contribution to community health through collaboration with the community and its leaders. This contribution involves encouraging a collaborative approach with existing community entities that is essential to realizing the long term health outcomes of a community while recognizing the importance of communities and celebrating the diversity that makes a community vital.

Nominee Name:_____
Address:_____
City:_____County:_____GA Zip:_____
Agency:_____Position:_____
Nominated by:_____
Address_____City:_____GA Zip:_____
Telephone:_____FAX:_____
E-mail Address:_____

Nomination Requirements:

1. Any individual is eligible.
2. Impact on health of the community: Has the health of the community improved? Has the identification or documentation of community health strengths or weaknesses been improved?
3. Strengthen diversity: Have the efforts of the individual utilized the diversity in the community? Did these efforts encourage diversity and equal treatment of all community members regardless of their inherent diversity?
4. Collaboration: Did the efforts of this individual utilize the resources of community entities, private associations and public health to improve wellness for the whole community? Did these efforts increase the wellness for the whole community?
5. Community centric: Did the efforts of this individual promote community buy-in and feelings of mutual ownership in a positive effort to improve healthy outcomes? Was the effort community based?

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?

Please document the nomination with letters of support from the community.

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.

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NOMINATION DEADLINE: JANUARY 10, 2013

Send to:

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