

**KATHY MINER HEALTH EDUCATION AND PROMOTION AWARD
NOMINATION FORM**

Purpose of the Award: The Kathy Miner Award of the year is an award to recognize outstanding achievements in the area of Health and Education and Promotion.

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

Nomination Criteria:

1. Functioning in the area of Health Education and Promotion
2. Contributions resulted in improved outcomes to individuals or families in the area of community-based health education and promotion/risk reduction programs and decreases in health disparities.

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: JANUARY 10, 2013

Send to: Margaret R. Bean
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