**PRIMARY HEALTH CARE LEADERSHIP AWARD**

**PRIMARY HEALTH CARE SECTION AWARD**

**NOMINATION FORM**

Purpose of the Award: The PRIMARY Health Care Leadership Award was first awarded in 1998 and goes to a member of the PRIMARY Health Care Section who has excelled in enhancing PRIMARY care systems to increase access to services.

Nominee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ GA Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_GA Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nomination Criteria:

1. Member of the PRIMARY Health Care Section

2. Contributions have resulted in improved PRIMARY health care systems and/or access to PRIMARY health care.

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.

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# NOMINATION DEADLINE: JANUARY 10, 2013

Send to: Margaret R. Bean

District Program Manager

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Rome, Georgia 30165-9655