

**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.

NOMINATION DEADLINE: JANUARY 10, 2013

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