

Nomination Form

Public Health Award



Thank you for your interest in nominating an awardee for this year's event! Please return the completed form to HAH by **June 17**.

1. About the Award

Nominee:

- **MUST BE** a community member who demonstrates a deep understanding of the value of healthcare.
- May or may not be employed by or affiliated with an HAH member organization. Nominees may include members of other professional organizations, local media, any other organization, or civic volunteers.
- This award was created in recognition of public health initiatives and their impact on community health and therefore care providers.

Criteria:

Nominee should demonstrate at least one of the following:

- Actively engaged in public health initiative(s) in Hawaii
- Working to improve the quality of healthcare
- Demonstrating dedication to sound policy aimed at improving or enhancing healthcare delivery in Hawaii
- Leadership to engage other organizations/institutions in collaborative work
- Promoting and protecting the health of a community in the State of Hawaii
- Raising awareness in the field of public health

2. Nominee Information

Name:

Position held:

Organization:

Mailing address:

City: , Hawaii Zip Code:

Phone: Email:

3. Your Information

Your name:

Agency/Organization:

Phone: Email:

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4. Description of Accomplishments

Please check the box if your nominee's primary role is to be actively engaged in public health initiative(s) in Hawaii. If not, then your nominee should be in another category.

Please check the box if your nominee has been actively engaged in public health initiative(s) for more than 2 years.

1. In a paragraph, please explain your nominee's accomplishments in the healthcare industry.

2. Please outline how your nominee meets or exceeds the award criteria (see criteria on previous page).

3. Give examples of how your nominee exemplifies the award criteria and is among the best in his/her field.

4. What else would you like to mention about your nominee?

You can fax, mail or email this form to:

Jamie Velasco at communications@hah.org

Healthcare Association of Hawaii

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