2019-2020 AWARDS NOMINATION FORM

Please complete the following information regarding your selected nominee:

Nominee name: ___________________________ Title: ___________________________

Organization/Health Center: ___________________________

Address (Street, City, Zip): ___________________________

Phone: ___________________________ Email Address: ___________________________

Which category has the nominee excelled in? Check **ONE** of the following:

___ **Innovation and Leadership in Transformation**: Leading the effort to establish CHCs as centers of excellence through innovative community partnerships, clinical, operational and administrative practices

___ **CHC Value**: Extraordinary efforts in striving toward the achievement of CHC value through data, measurement, and research

___ **Growth**: Ensuring Oregon’s Community Health Centers are able to meet growing demand for their services

___ **Health Equity**: Leading the cause to improve health equity for Oregonians

___ **CHC Advocacy**: Outstanding efforts in advocacy on behalf of health centers and the patients we serve

Information about you, the nominator:

Your name: ___________________________

Health Center/OPCA Affiliation: ___________________________

Phone: ___________________________ Email Address: ___________________________

For more:
Please read through the nomination criteria on the next page before completing this form.
For examples of past winners, please visit [www.orpca.org/about-us/annual-awards-of-excellence](http://www.orpca.org/about-us/annual-awards-of-excellence)

Questions:
Please email [awards@orpca.org](mailto:awards@orpca.org)
Nomination Criteria:

Describe in **TWO pages** why the nominee should receive an award in the **ONE category** that best represents their accomplishments. A CHC organization may submit a nomination for up to **THREE categories** as long as each nomination is for a different person. Therefore, an organization may submit a maximum number of **THREE nominations**.

At the top of each page clearly indicate the **NAME** of the nominee, the **ORGANIZATION**, and the nomination **CATEGORY**.

Include in your statement:
- How the nominee supports the CHC
- How the nomination fits its category
- How the nominee goes above and beyond what is expected as part of their job duties

Scoring is based on:
- How compelling your nomination statement is
- How the nominee is viewed by peers/seem as a leader in their field
- How the nominee models ideal behavior for health centers
- How the nominee’s strengths align with OPCA values, and
- How the nominee goes above and beyond the call for action

**NO** supporting articles or documents will be accepted this year. Nominations should be kept to **TWO pages** to assist reviewers with the volume of nominations. Thank you in advance for complying with this request.

**Deadline for nominations is end of day, Friday, March 6, 2020**

Email this nomination to: **awards@orpca.org**