NATIONAL ASSOCIATION OF Community Health Centers

2022 Migrant Health Awards

Principal Nomination Form

TO BE COMPLETED BY THE PRINCIPAL NOMINATOR AND SUBMITTED TO shansen@nachc.com
FOLLOW THE INSTRUCTIONS IN COMPLETING STEPS 1-6:

1. Please indicate the award for which you are submitting a nomination:

- ❑ MIGRANT HEALTH CENTER AWARD
- ❑ OUTSTANDING MIGRANT HEALTH CENTER BOARD MEMBER AWARD
- ❑ OUTSTANDING MIGRANT HEALTH PUBLIC SERVICE AWARD
- ❑ LIFETIME ACHIEVEMENT IN MIGRANT HEALTH AWARD

2. Please complete the following information regarding your selected nominee:

Name: _____

Title _____

Health Center/PCA Affiliation: _____
(if non-applicable, please list respective organization)

Mailing Address ❑ organization ❑ personal: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ NACHC Individual Member Number: _____

3. Please complete the following information regarding you, the nominator:

Name: _____

Title _____

Health Center/PCA Affiliation: _____
(if non-applicable, please list respective organization)

Mailing Address ❑ organization ❑ personal: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

4. Please write a nomination statement:

On a separate sheet, draft a detailed description of why you think the nominee should receive the selected award. **Responses should be typed and no longer than one page.** The statement should explain how the nominee meets the specific award criteria to merit recognition. *Attach the statement to the nomination form.*

5. Please obtain two completed supporting nomination forms (see Attachments A & B):

Each Principal nomination must be supported by two additional nominations from other individuals. *These forms must be included in the nomination package in order for the nomination to be considered complete.*

6. Submit your completed nomination package:

My completed nomination package includes all of the required items listed below:

- ❑ Principal Nomination Form
- ❑ Nomination Statement – 1 page typed
- ❑ Supporting Nomination Form (A)
- ❑ Supporting Nomination Form (B)

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Supporting Nomination Form—Attachment A

THIS FORM IS TO BE COMPLETED BY THE SUPPORTING NOMINATOR

1. Please complete the following information regarding you, the supporting nominator:

Name: _____

Title _____

Health Center/PCA Affiliation: _____
(if non-applicable, please list respective organization)

Mailing Address ❑ organization ❑ personal: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

2. I fully support the nomination of: _____ [nominee's name]
for a NACHC 2022 Migrant Health Award.

3. My signature below indicates my full support:

_____ [signature]

Return this form to the principal nominator **(listed above)** for inclusion in the completed Nomination packet that will be submitted to NACHC.

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Supporting Nomination Form—Attachment B

THIS FORM IS TO BE COMPLETED BY THE SUPPORTING NOMINATOR

1. Please complete the following information regarding you, the supporting nominator:

Name: _____

Title _____

Health Center/PCA Affiliation: _____
(if non-applicable, please list respective organization)

Mailing Address ❑ organization ❑ personal: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

2. I fully support the nomination of: _____ [nominee's name]
for a NACHC 2022 Migrant Health Award.

3. My signature below indicates my full support:

_____ [signature]

Return this form to the principal nominator **(listed above)** for inclusion in the completed Nomination packet that will be submitted to NACHC.

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2022 Migrant Health Awards

ELIGIBILITY REQUIREMENTS

MIGRANT HEALTH CENTER AWARD

This award is presented to a migrant health center which has demonstrated an outstanding level of excellence in the migrant health care field. Organizational candidates for the Migrant Health Center Award must have demonstrated a high level of commitment and innovation in service to migrant farmworkers and their families.

Eligibility: ***A Migrant Health Center which is a NACHC Organizational member in good standing.***

OUTSTANDING MIGRANT HEALTH CENTER BOARD MEMBER AWARD

This award is presented to an individual who has demonstrated an outstanding level of service and commitment as a board member of a migrant health center.

Eligibility: ***A board member of a migrant health center which is a NACHC Organizational Member in good standing. NACHC Individual Membership is not required.***

OUTSTANDING MIGRANT HEALTH PUBLIC SERVICE AWARD

This award is presented to an individual who has made significant contributions to the migrant health care field either: (1) as an official in a legislative or administrative branch of government or other public or private agency or (2) as a migrant health center leader who has been highly effective in the public policy arena.

Eligibility: ***An individual who serves in the public policy areas of local, state or federal government or other public or private agency or a staff or board member of a migrant health center which is a NACHC Organizational member in good standing. NACHC Individual Membership is not required for a public official.***

LIFETIME ACHIEVEMENT IN MIGRANT HEALTH AWARD

This award is presented to an outstanding individual who has demonstrated long term commitment and excellence in migrant health.

Eligibility: ***An individual that has served in the migrant health field for 15 years or more. NACHC Individual membership is required.***