

# Louisiana Rural Health Association

## *2011 Awards Program Nomination Form*

Please specify the award that you are nominating this professional to receive:

- Rural Practitioner of the Year*
- Rural Health Professional of the Year*
- Outstanding Rural Health Program of the Year*
- Legislator of the Year*

**Nominee:** \_\_\_\_\_

**Nominee's Present Organization:** \_\_\_\_\_

**Nominee's Present Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Phone (Office):** \_\_\_\_\_ **Phone (Home):** \_\_\_\_\_

**Nominee's E-mail Address:** \_\_\_\_\_

**Rural Geographic Area (s) affected by nominee's work:** \_\_\_\_\_

**Nominee's Educational Background (Attach Resume or Curriculum Vitae if Desired):** \_\_\_\_\_

**Nominee's Work Experience (Attach Resume or Curriculum Vitae if Desired):** \_\_\_\_\_

*(The following information must be received as an attachment to the nomination form.) Nominee's contribution to rural health-care: Please describe the nominee's involvement in rural health, the significance to his/her contribution to rural health, and how the rural area and residents have benefited from the contribution. Please limit narrative to one double spaced typed page.*

**Nominated by:** \_\_\_\_\_ **Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Additional Reference:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_