



VIETNAMESE AMERICAN HEALTHCARE
PROFESSIONALS ASSOCIATION OF GA



WHO IS A HEALTH CARE HERO (AWARDS OF EXCELLENCE)?

An individual, institution, professional, student, volunteer or program, who, through their individual or collective actions have made an extraordinary impact in the health care community. The nominee might be working in one of the following fields: bio- medical, community health, education, private practice, government, public service or the news media.

Their acts of heroism represent a display of dedication to excellence in their area of expertise beyond the scope of their jobs. Through their commitment to their profession and community, they serve as an inspiration to others in an effort to improve the quality of health care and discover new ways to assist those in need.

Nominations must be received by 5:00 p.m., August 15, 2019 to be eligible for the award.

I am nominating: (check one*)

NOMINEE: _____

*Category	Description
<input type="checkbox"/> Health Care Professional	Physician, Dentist, Health Care Administrator, Department Head, Allied Health Professional, Researcher, Academic, Inventor
<input type="checkbox"/> Nurse	Nurse
<input type="checkbox"/> Individual of Merit	Board Member, Philanthropist, Journalist, Government Official, Company or Foundation Executive, Community Leader, Volunteer
<input type="checkbox"/> Organization/Program	Healthcare provider (for example, a hospital, nursing facility or physician practice), assisted living facility, homecare, government agency, school, foundation, association, bio-medical company, bio-science center, firm or other program addressing research, treatment or maintenance of physical or mental disease or wellness.
<input type="checkbox"/> First Responder	Certified first responder, individual or service (fire, medical, police, military), that has made significant impact in Georgia for dedication, responsibility, professional behavior, special skill or insight in the Emergency Medical Services environment.
<input type="checkbox"/> Youth Volunteer	Any student, under the age of 21, who voluntarily offers one's services without solicitation or payment.

<input type="checkbox"/> VAHPAG Advisors Lifetime Achievement Award	The VAHPAG Advisors Lifetime Achievement Award is designed to honor an individual, who, over his/her lifetime, has made a significant impact or changed history in the health care industry in Georgia showcasing an exemplary body of work of a long productive career.
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NOMINEE: (type or print)

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

What is your relationship with nominee? _____

Please submit the following:

1. In a concise, bullet-point format, please provide the TOP THREE REASONS this nominee should be considered a Health Care Hero.
2. Attach a BRIEF DESCRIPTION (maximum of 750 words) of the nominee's achievements and contributions. Explain how these achievements **go above and beyond the scope of the nominee's job**. Your explanation of why your nominee should be called a Health Care Hero will be a primary consideration of the judge's decision.
3. With reference to your nominee, attach to this application a list of activities, programs, in-kind contributions, etc. that directly benefited health care. Provide SUPPORTING INFORMATION to illustrate the involvement and any measurable results attributable to the contribution of the nominee.

Your Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

The information contained in this application will remain confidential and will be used solely for purposes of the award selection. A short description on the finalists will be printed in the Vietnamese newspaper and program. Materials submitted will become the property of VAHPAG.



NOMINEE: _____

If your nominee is not selected as a recipient this year, would you like them to be automatically considered as a nominee for the following year?

Yes **No**

I certify that the information submitted is true and correct to the best of my knowledge.

Nominator's Signature

GUIDELINES / INFORMATION ON SUBMITTING ENTRIES

What you should know:

1. Three finalists, in each category, will be selected
2. Each category must have at least three nominations to qualify for the judging.
3. All nominees will be notified by email that they have been nominated for a Health Care Heroes Award.
4. All finalists will be
 - a) notified by email that they have been selected as a finalist, and
 - b) will be asked to submit a photo. The photo will be used for the program as well as the digital presentation to be shown during our annual Gala.
5. One winner in each category will be announced at the annual Gala
6. Nomination Forms and materials accompanying the nomination form will become the property VAHPAG.
7. **DEADLINE FOR SUBMITTING ENTRIES: 5:00 p.m., August 15, 2019.**

Return to:

VAHPAG
Scholarship Committee
1670 McKendree Church Rd. 800.
Lawrenceville, GA 30043
OR email the form to scholarship@vahpag.org