

G.O.N.L.



NOMINATION FORM **COMMUNITY HEALTH IMPROVEMENT AWARD 2010**

DEADLINE FOR SUBMISSION

October 8, 2010

PLEASE SUBMIT NOMINATION FORM TO

Rockdale Medical Center, c/o Patty Waller, 1412 Milstead Avenue, Conyers, GA 30012

The **Community Health Improvement Award** is an award designed to recognize an individual who has worked collaboratively with other community leaders, organizations, or individuals to develop programs or initiatives which have improved health care in the community.

Name of Individual Nominated (please print): _____

Nominee's Position: _____

Facility Name: _____

Address: _____

City: _____ Zip Code: _____

Name of Individual Making Nomination: _____

Phone Number: _____ Relationship to Nominee: _____

I certify that the person I have nominated above for the **Community Health Improvement Award** is a G.O.N.L. member in good standing and has been for a minimum of one year.

Signature: _____ Date: _____

Describe in detail the program or initiative developed. Explain the nominee's role in the development of the program. Include information regarding the need for the program, how the program has made a positive impact on the community, and any other information that supports your nomination of this individual for this award. Please type or clearly write your nomination and attach to this nomination form.

GEORGIA ORGANIZATION OF NURSE LEADERS