



Adirondack Health Institute

Lead Empower Innovate

Rural Health Champions of the Year

Criteria and Nomination Form

The Adirondack Rural Health Network, a program of AHI, is seeking nominations for Rural Health Champions. The champions will be announced at the AHI Summit on September 27, 2018.

Please take the opportunity to nominate an individual who demonstrates leadership and provides exceptional care to community members within the seven counties of the Adirondack Rural Health Network. Nominations will be accepted from Clinton, Essex, Franklin, Fulton, Hamilton, Warren and Washington counties.

**For information on nominating individuals from other counties, please email sanostario@ahihealth.org.*

Criteria:

- Must be an individual (provider or non-provider) delivering outstanding care in the community. *Examples include: providers, patient advocates, public health officials, human service personnel, and community-based program staff.*
- Individuals must be involved in the community, volunteering their time outside of work to serve the members of their community.
- Individuals must be making a lasting contribution to the rural health care system in one of the seven counties ARHN serves.
- The individual cannot be a prior Rural Health Champion.

Each organization may make one nomination for consideration on behalf of their agency/institution. The nominee does not have to be an individual within that organization, but should be someone they are aware of who meets the above criteria. You are encouraged to nominate individuals based upon your knowledge of their work across Clinton, Essex, Franklin, Fulton, Hamilton, Warren and Washington counties.

Thank you for recognizing someone who has made a significant contribution to rural health.

Champions will be recognized at the 10th Annual AHI Summit on Thursday, September 27, 2018, in Lake Placid, NY!

Please fill out the following information about the nominee (please type or print):

Nominee Name & Title: _____

Email: _____

Practice/Organization Name: _____

Years of service in region: _____

Address: _____

Name of organization nominating: _____

Name of individual nominating: _____

Phone: _____ Email: _____

Narrative: Please provide a brief summary of why you feel this person should be nominated (if necessary, additional details may be placed on a separate sheet):

Nominations should be returned to the contact below before **Friday, July 27, 2018.**

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