

Nomination Form

Advocacy Award



Thank you for your interest in nominating an awardee for this year's event! Please return the completed form to HAH by **June 21**.

1. About the Award

Nominee:

• **MUST BE**
employed by an
HAH member
organization.

Criteria:

Nominee demonstrates a commitment to the Hawaii healthcare industry through at least one of the following activities:

- Participates in HAH or other healthcare committees or working groups involving legislation.
- Gathers information leading to a bill or policy with significant value or relevance to healthcare.
- Contributes testimony or other legislative or political engagement that leads to administrative, policy, or legislative changes related to healthcare.
- Develops strong grassroots initiatives, coalition-building, or collaborative efforts to improve healthcare in the state or at the federal level.
- Contributes to the development of sound public policy aimed at improving or enhancing healthcare delivery in Hawaii.
- Participates in state or federal legislative activities, including visits with lawmakers and provision of testimony.
- Raises awareness about the HAH Political Action Committee and supports it.

2. Nominee Information

Name:

Position held:

Agency/Organization:

Mailing Address:

City: , Hawaii Zip Code:

Phone: Email:

3. Your Information

Your name:

Agency/Organization:

Phone: Email:

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4. Description of Accomplishments

Please check the box if your nominee's primary role is to participate in state or federal legislative activities, including visits with lawmakers and provision of testimony. If not, then your nominee should be in another category.

Please check the box if your nominee has been an advocate in the healthcare industry for more than 2 years.

1. In a paragraph, please explain your nominee's accomplishments in the healthcare industry.

2. Please outline how your nominee meets or exceeds the award criteria (see criteria on previous page).

3. Give examples of how your nominee exemplifies the award criteria and is among the best in his/her field.

4. What else would you like to mention about your nominee?

You can fax, mail or email this form to:

Jamie Velasco at communications@hah.org
Healthcare Association of Hawaii
707 Richards St., PH2 - Honolulu, HI 96813
Ph: (808) 521-8961 Fax: (808) 599-2879



For a full list of HAH Member Organizations please go to
<http://www.hah.org>