

2015 MINNESOTA RURAL HEALTH HERO/TEAM AWARDS NOMINATION FORM

Nominations are due May 15, 2015 for the annual **Minnesota Rural Health Hero and Minnesota Rural Health Team awards**. The awards recognize outstanding contributions to rural health in our state. They will be presented during the 2015 Minnesota Rural Health Conference Awards Luncheon on June 30 in Duluth.

To nominate a hero or team, please complete and return this form, keeping in mind the three criteria to be considered by the awards committee:

1. **What has the individual or team done** to contribute to rural health in ways that go “above and beyond”? (10 points)
2. How have they demonstrated **leadership and vision** for rural health? (10 points)
3. What **impact** have their efforts had on rural health? (20 points)

Nominees may have contributed to rural health in any capacity: through a volunteer or paid position, as a health care provider or non-provider, in policy or through practice. Areas of impact could include but are not limited to: health care and health programs, rural health policy, legislation, the advancement of the field, improved patterns of health care delivery, cooperative efforts to avoid duplication of services and achieve common goals, education, and the lasting impact of a program on populations and areas served.

*In addition to receiving an award, the **rural health hero** receives one full conference registration, one hotel room and four awards luncheon passes. The **rural health team** receives up to four full conference registrations, one hotel room and four awards luncheon passes.*

You may include two additional 8 ½ x 11 pages (such as letters of support and/or news articles). No videos or DVDs. **All material must be emailed to maria.rogness@state.mn.us. If you do not receive an acknowledgment, please call Maria Rogness at 651-201-3863.**

NOMINATION FOR RURAL HEALTH AWARD	<input type="checkbox"/> HERO	OR	<input type="checkbox"/> TEAM	(check one)
Nominee:				
Nominee’s Position:	Your Name:			
Nominee’s Work or Volunteer Organization:	Your Position:			
Nominee’s Address:	Your Organization and Address:			
Nominee’s Email:	Your E-Mail:			
Geographic area affected by nominee’s work:	Your Phone:			

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What has the individual or team done to contribute to rural health in ways that go “above and beyond”? (10 points)

How have they demonstrated **leadership and vision** for rural health? (10 points)

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What **impact** have their efforts had on rural health? (20 points)

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Is there anything else you'd like to share about the nominee – a story, or anything else that would help us appreciate their contributions to rural health?