Formed in 1978 by North Carolina community health center leaders, NCCHCA thrives on the strength, dedication and excellence of our members and partners. From among them, we recognize each year an individual or organization for outstanding service to the Association, helping to envision the future and identify paths to success toward NCCHCA’s vision that: ‘E*very North Carolina community will have access to a patient-centered, patient-governed, culturally competent health care home that integrates high quality medical, pharmacy, dental, vision, behavioral health, and enabling services without regard to a person’s ability to pay*.”

**CRITERIA**

Candidacy for this award is open to individuals or organizations whose service to NCCHCA has significantly advanced its mission ‘to promote and support patient-governed community health care organizations and the populations they serve.’

Nominee’s contribution can be:

* A single but distinctive contribution to the Association,
* A history of activities serving the Association,
* Or a sustained record of contributions over many years, in one or more of the following areas:
  + Program and/or resource development,
  + Strengthening Association relations with organizations, or
  + Assistance to Association members.

**NOMINATION PROCESS**

**Describe in the narrative** how the nominee meets the criteria. You may also attach copies of news articles or other materials that support your nomination which will not count towards the full page narrative. *All materials submitted become the property of the NCCHCA and will not be returned.*

Submit nominations **by May 15, 2019 at 5:00 pm** to

Patricia Black at [blackp@ncchca.org](mailto:blackp@ncchca.org) or Fax 919-469-1263..

***Please answer every question using the tab key to move through the nomination form.***

***Do not modify this form in any way.***

**NOMINATED BY:**

Click here to enter text.

Name

Click here to enter text.

Organization or Affiliation

Click here to enter text.

Address, City, State, ZIP

Click here to enter text. Click here to enter text.

Telephone Email

**NOMINEE PROFILE:**

Click here to enter text.

Nominee Name

Click here to enter text.

Organization

Click here to enter text.

Contact Person

Click here to enter text.

Address, City, State, ZIP

Click here to enter text. Click here to enter text.

Telephone Email

**NARRATIVE**

In **1,000** words or less, please describe how the nominee meets the criteria for this award.

***Responses may be typed below or submitted in a separate attachment***.