Since 1965, health centers have provided comprehensive, cost-effective, high-quality primary health care services to medically underserved communities and vulnerable populations. Unfortunately, the nearly 50-year-old success of the community health center program doesn’t guarantee its continuing existence. With its Health Center Advocate Award, NCCHCA honors an individual who consistently and passionately engages health center staff, health center board members, community groups and others in grassroots advocacy and education to promote and protect the Health Center Program in North Carolina.

**CRITERIA**

This award is open to board members, staff and supporters of North Carolina’s Community Health Centers whose history demonstrates:

* Ardent belief in and support for patient-governed community health care organizations and the populations they serve
* Devotion of time and energy to advocacy for community health centers either in an official or volunteer capacity.
* Ongoing effective involvement at the community, state and/or national level as an advocate for quality, affordable health care access
* Successful collaboration that has led to broad community support for health centers.

**NOMINATION PROCESS**

**Describe in no more than a full page 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 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***.