In 2002, the North Carolina Community Health Center Association (NCCHCA) established the *Dr. Evelyn Schmidt Outstanding Service Award.* A pioneer in social and community medicine, Dr. Schmidt, affectionately known as “Evy,” was the first Executive Director/CEO of Lincoln Community Health Center in Durham, NC, and served in that capacity for 40 years before retiring in 2011.

Each year, as a tribute to Dr. Schmidt, NCCHCA honors a community-oriented organization that has improved access to care through innovative, comprehensive approaches as evidenced by outreach efforts, preventive health and educational programs, quality and efficiency of care, and/or strong community support and involvement.

**CRITERIA**

This award is open to NCCHCA Corporate Members (i.e., Community Health Centers) whose history demonstrates:

* Use of its unique assets and resources to address prevention and health education, patient care, and supportive services.
* Dedication to patient care
* Sustained, positive impact on access to care
* Effective collaboration resulting in broad community support and involvement.
* Exemplary management and implementation that can be replicated by other health centers, practices and communities.
* Proven standards of excellence.

**NOMINATION PROCESS**

**Describe in narrative below** 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 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***.