

In the spaces below, please provide the following information for the person being nominated:

Name:

Title:

Phone:

Email:

Address:

Please select an award category for this nominee:

- Student Rising Star Community Member Organizational Influence
- Early Career Professional Distinguished Career Professional

If nominating someone other than yourself, how long have you known the nominee?

- <1 Year 1-3 Years 4-7 Years ≥8 Years N/A (Self-Nomination)

In the space below, please provide a brief summary of the nominee's contributions to health equity, including the significance of these contributions and impact on the public's health.

In the space below, please provide a brief description of the specific medical, social or other area/ determinant of health (e.g., transportation, housing, environment, education, food access, justice, etc.) that the nominee’s accomplishment(s) have addressed. Please discuss the degree of innovation, impact on the public, originality, as well as the specific role of the nominee.

In the space below, please provide a brief summary/outline and the links to deliverables developed by the nominee that support the significance, value, originality and impact of their contributions.
If these documents are not available online, please attach them to the end of this form.

Is there any other information you would like to provide about the nominee?

Please be sure to include the following items with this form:

- Three (3) letters of support, including the nominator's, not to exceed one (1) page each. At least one support letter should be from someone outside of the nominee's organization.
- Resume/CV or a short biography of the nominee; biography limited to one (1) page.
- Sample deliverables developed by the nominee that are not available online.
- Any recent journal articles or other publications (*optional*).

In the spaces below, please provide your (the nominator's) contact information:

Name:

Title:

Phone:

Email:

Address:

Please submit all completed forms to:

ncminorityhealth@dhhs.nc.gov by 11:59 pm EST on **Tuesday, August 8, 2017**

Questions and concerns related to this application form may be directed to:

ncminorityhealth@dhhs.nc.gov or (919) 707-5040