



Adirondack Health Institute

Lead Empower Innovate

## Rural Health Champions of the Year

### Criteria and Nomination Form

The Adirondack Rural Health Network, a program of AHI, is seeking nominations for Rural Health Champions. The champions will be announced at the AHI 2017 Summit on September 21<sup>st</sup>.

Please take the opportunity to nominate an individual who demonstrates leadership and provides exceptional care to community members within the seven counties of the Adirondack Rural Health Network. Nominations will be accepted from Clinton, Essex, Franklin, Fulton, Hamilton, Warren and Washington Counties.

*\*For information on nominating individuals from other counties, please email [cshaler@ahihealth.org](mailto:cshaler@ahihealth.org).*

#### Criteria:

- Must be an individual (provider or non-provider) delivering outstanding care in the community. *Examples include: providers, patient advocates, public health officials, human service personnel, and community-based program personnel.*
- Individuals must be involved in the community, volunteering their time outside of work to serve the members of their community.
- Individuals must be making a lasting contribution to the rural health care system in one of the seven counties ARHN serves.
- The individual cannot be a prior Rural Health Champion.

Each organization may make one nomination for consideration on behalf of their agency/institution. The nominee does not have to be an individual within that organization, but should be someone they are aware of who meets the above criteria. You are encouraged to nominate individuals based upon your knowledge of their work across Clinton, Essex, Franklin, Fulton, Hamilton, Warren and Washington Counties. Thank you for recognizing someone who has made a significant contribution to rural health.

**Champions will be recognized at the 9<sup>th</sup> Annual AHI Summit on Thursday, September 21, 2017, in Lake Placid, NY!**

Please fill out the following information about the Nominee: (Please type or print)

Nominee Name & Title: \_\_\_\_\_

Email: \_\_\_\_\_

Practice/Organization Name: \_\_\_\_\_

Years of service in region: \_\_\_\_\_

Address: \_\_\_\_\_

Name of organization nominating: \_\_\_\_\_

Name of individual nominating: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Narrative: Please provide a brief summary of why you feel this person should be nominated: (If necessary, additional details may be placed on a separate sheet)

Nominations should be returned to the contact below before **Friday, August 11, 2017**

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