

**American Public Health Association
Community Health Planning and Policy Development Section**

**NOMINATION FOR THE
VISION AWARD FOR EXCELLENCE IN HEALTH PLANNING PRACTICE**

Completed Nomination Form must be submitted to Awards Chair and Chair Elected. Contact information at <http://www.apha.org/membergroups/sections/aphasections/chppd/roster/droster.htm>

Nominator Contact Information:

Name: _____ Phone: _____
Organization: _____ Fax: _____
Address: _____ E-mail: _____

Nominee Contact Information:

Name: _____ Phone: _____
Organization: _____ Fax: _____
Address: _____ E-mail: _____

Nomination Criteria:

This individual has made a significant and noteworthy contribution to the practice of health planning through:

- _____ professional effort
- _____ personal work
- _____ voluntary service

This nomination is made to recognize:

- _____ sustained efforts over a period of time
- _____ a single outstanding contribution.

This nomination is made to recognize accomplishment in the area(s) of (please check all that apply):

- _____ comprehensive health planning
- _____ health systems planning
- _____ regulatory aspects of planning
- _____ strategic planning
- _____ program planning
- _____ community planning, organizational development and capacity

