

Honoring the Best Practices & the Brightest Stars

2018 AWARDS NOMINATION FORM

Dr. Daniel T. Cloud Outstanding Practice



Big Shots for Arizona



The Arizona Partnership for Immunization
is seeking nominations for
Dr. Daniel T. Cloud and Big Shot awards.

We look forward to recognizing
exceptional efforts of those whose
tireless work and innovative strategies
have improved immunization
coverage levels statewide.

Big Shots for Arizona Award Nomination Form

Your Name: _____

Email: _____ Phone Number: _____

Who are you nominating for a Big Shots Awards? _____

Is the nomination for a person or an organization? _____

Which Award Category BEST FITS your nomination ? (check ONLY ONE)

☐ **Top Shot - Healthy Workplace**

A work environment that supports and encourages healthy lifestyles including full coverage for life saving vaccines and access to yearly flu vaccination.

☐ **Hot Shot - Special Achievement**

Has gone 'above and beyond' the call of duty to give tremendous amounts of time and effort to increase immunization coverage levels. *In memory of Andie Denious, RN.*

☐ **Up Shot - Innovation**

An innovative program or person new to the immunization effort and has demonstrated commitment to improving the health of Arizonans. *In memory of Andrea Fadok.*

☐ **Buck Shot - Education/Special Events or Community Outreach**

Exceptional printed materials or sponsored/coordinated an event/s that have helped educate, promote and/or provide immunizations to Arizonans.

☐ **Spot Shot - Public Policy or Media Coverage**

Responsible for legislation, policy initiatives, or media stories that helped educate and/or reduce barriers to immunizations. *In memory of David Landrith.*

1. Tell us about your nominee, in no more than three typed pages, using specific examples, data and/or supporting materials for this nomination. Please include an attached typed document with your nomination.
2. Summarize in about 100 words the most outstanding outcome or impact of your nomination. Please include an attached typed document with your nomination.
3. I have completed the nomination form, including the supporting nomination and summary statements.

Nominations will be reviewed by a panel of individuals who represent health care, business, media and civic organizations. Nominator will be contacted if their nominee has been selected.

Your signature: _____

DR. DANIEL T. CLOUD OUTSTANDING PRACTICE AWARDS

The **Arizona Partnership for Immunization** is seeking nominations for the 2018 Toddler and Teen awards. These awards recognize the exceptional efforts of the many practices who have improved immunization coverage levels statewide for Toddlers and Teens.

☐ **TODDLER AWARD** is presented to those practices and clinics that have achieved the highest standard in their practice by reaching a 90% coverage level for 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella and 4 PCV for two year olds. A minimum of 20 active patients is required. Upon nomination, **ADHS will use ASIIS data to validate coverage levels.**

☐ **TEEN AWARD** is presented to those practices and clinics that have achieved the highest standard in their practice by reaching a 90% coverage level for 1 Tdap, 1MCV and completion of the HPV series for 15 year olds. A minimum of 20 active patients is required. Upon nomination, **ADHS will use ASIIS data to validate coverage levels.**

Each Cloud Award recognizes the recipient for 2 full years. Please call us if you have questions about your eligibility to apply.

Nomination Information (Please Print)

Name of Practice/Clinic Being Nominated _____

VFC PIN Number _____ Phone _____

Contact Name for Practice/Clinic _____ Email _____

Address of Practice/Clinic _____

City _____ State _____ Zip Code _____

Name of Person Submitting Nomination _____

Email Address of Person Submitting Nomination _____

- **QUESTIONS?** Contact TAPI at 602-288-7568 or at Awards@Tapi.org.
- Nomination forms must be emailed to **Awards@TAPI.org** or mailed/delivered to the TAPI office at:



THE ARIZONA PARTNERSHIP FOR IMMUNIZATION
700 E. Jefferson Street, Ste. 100 • Phoenix, AZ 85034

- Print additional nomination forms at **WhyImmunize.org** • *Faxed nominations will not be accepted.*
- Nominations must be received or postmarked by **5 pm on March 2, 2018** to be eligible for consideration.

We look forward to our annual awards dinner as an opportunity to publicly recognize immunization efforts over the past year.

DEADLINE FOR ALL AWARD CATEGORIES IS March 2, 2018 AT 5:00PM