



2009 Excellence in Immunization Award Request for Nominations

The Vaccinate Alaska Coalition (VAC) *Excellence in Immunization Award* recognizes an individual, agency or program in Alaska that has demonstrated outstanding dedication to improving immunization status in our state. It is established to recognize excellence in vision, practice, education or promotion of immunization in Alaska.

The VAC *Excellence in Immunization Award* recipient has demonstrated an inspiring level of commitment to the improvement of the immunization status of Alaskans and has contributed to advancing the mission of Vaccinate Alaska Coalition:

To protect the health of all Alaskans by decreasing vaccine preventable diseases through positive immunization promotion campaigns, support of local immunization coalitions, and increased public and private provider participation in immunization activities

Eligibility: Any individual; public health employee or program, private agency or program may be nominated. *EXCEPTION* - the State of Alaska Immunization Program and staff are not eligible to receive the Award. Membership in Vaccinate Alaska Coalition is not required.

Nominating procedure: Nominations will be accepted from any source. Persons making nominations must submit the following two items: VAC Nomination Form and one letter of recommendation. Forms for both items are included here. Please submit both items together. Letters may be from anyone, other than the nominator. Selection of award recipient(s) is determined by the VAC Award Committee.

Deadline for 2009: Nomination form, letter of recommendation, and any optional supporting materials (if included) must be received by 5:00 pm Friday, October 30, 2009. Nominations may be submitted by e-mail (preferred method) to immune@alaska.gov by fax to 907-561-0847, or by delivery to 3601 "C" Street, Suite 540, Anchorage, AK 99503.

Supporting materials may include educational brochures, posters, videos, health promotion campaign materials, news articles about or written by the nominee, information on other awards received, etc. Supporting materials will not be returned.

Presentation of 2009 Award will occur at the 2009 Alaska Health Summit Award Luncheon on Wednesday, December 9, 2009 in Anchorage.

Vaccinate Alaska Coalition *Excellence in Immunization Award*



Excellence in Immunization Award Nomination Form 2009

Name of Nominee: _____
Agency/Affiliation of Nominee (if applicable): _____
Job Title/Role of Nominee: _____
Address: _____
City, State, Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Describe how nominee demonstrates excellence in dedication to immunization efforts in Alaska. Nominator may wish to consider the following:

- Innovation in program design and/or development
 - Collaboration with others
 - Established record of achievement
 - Progress in addressing immunization needs of underserved or isolated groups
 - Identifying avenues to educate, promote, or facilitate vaccine delivery
 - Commitment and support by an individual that sets example for others
- Maximum of 2 pages, double spaced 12-point font, if needed

Contact Information of person submitting this nomination form:

Your Name: _____
Your Address: _____
City, State, Zip Code: _____
Phone: _____ Fax: _____
Email: _____

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For more information, contact Doreen Stangel at 907-269-8013 or 1-888-430-4321



Excellence in Immunization Award
Letter of Recommendation Form 2009

Name of Nominee: _____
Agency/Affiliation of Nominee (if applicable): _____
Job Title/Role of Nominee: _____
Address: _____
City, State, Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Attach at least 1 letter of recommendation for this nominee. Letters may be from anyone *other than the nominator*. (community member, patient, co-worker, director of a partner agency, or other)

Contact Information of person submitting this letter of recommendation:

Your Name: _____
Your Address: _____
City, State, Zip Code: _____
Phone: _____ Fax: _____
Email: _____