

# Public Health Award Nomination Form

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Chapter: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

**home address**

Street: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician's Email Address: \_\_\_\_\_

**work address**

Street: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Using at least one of the below criteria, please describe how the physician has exhibited public health leadership and provide clear examples of the physician's work that demonstrates his or her role in providing public health leadership and advancing the health of the public.

1. The physician has dedicated their career in a traditional public health organization (local or state health department, federal public health organizations such as the Centers for Disease Control and Prevention, philanthropic organizations dedicated to public health, etc.) that has resulted in improved public health outcomes, public health infrastructure, and public service.
2. The physician has worked to go beyond their patient panel to advocate for the health of the public, engage their community members, and to provide leadership for resolving major public health issues through an epidemic lens.
3. The physician has provided leadership for addressing the social determinants of health, advancing health equity, and promoting diversity and inclusion as a means for achieving the highest level of health for everyone, regardless of race, ethnicity, or socio-economic status.
4. The physician has provided leadership to realize the "triple aim" (improving the health of populations, improving the patient experience, and reducing per capita costs).

Please attach the following materials with this nomination form.

- Letter of endorsement from the physician's chapter
- Separate sheet documenting nominee's public health leadership and clear examples (max. 1,000 words / 6,000 characters)

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[PUBLCHEALTH@AAFP.ORG](mailto:PUBLCHEALTH@AAFP.ORG)