



**Alaska Health Education Consortium
Awards Nomination Form**

AHEC is honored to invite nominations for their annual health education award,

The Barbara Berger Award for Excellence in Health Education

This award recognizes either:

an individual, agency or program in Alaska that has provided outstanding dedication and vision to health education and promotion in the state;

or

an individual, agency or program in Alaska that has demonstrated excellence in school health concerns. School health programs prevent, detect, address and resolve health problems; increase educational achievement; and, enhance quality of life for students and faculty. Awardees could be people serving as school nurse, health educator, counselor, teacher, physician, parent, elder, or other person significantly contributing to the physical and/or psychological health and well-being of students or staff.

Process: People making nominations should submit the following form and include three letters of recommendation (as designated on form) to:

Alaska Health Education Consortium
P.O. Box 100563
Anchorage, AK 99510

Nominations must be received by November 6, 2006. The AHEC Executive Committee will review the applications and select a recipient. The recipient will be recognized at the Alaska Health Summit luncheon, December 6, 2006.

**Barbara Berger Award for Excellence in Health Education
AWARD NOMINATION FORM**

Name of person Nominated: _____

Agency/School/Affiliation of Nominee: _____

Job Title/Role of Nominee: _____

Address: _____

City, State, Zip code: _____

Phone: _____ Fax: _____

Email: _____

Biographical Information of Person Being Nominated:

Reason for Nomination:

Statement/example of how nominee demonstrates excellence in community/school health:

ATTACH THREE LETTERS OF RECOMMENDATION FOR THIS NOMINEE. THEY MAY BE FROM A COMMUNITY MEMBER, A STUDENT OR PATIENT, THE DIRECTOR OR LEADER OF A COLLABORATING AGENCY, OR ANOTHER APPROPRIATE PARTNER OR ASSOCIATE OF THE NOMINEE.

Contact Information of person submitting this nomination:

Your Name: _____

Your Address: _____

City/State/Zip code _____

Phone: _____ FAX: _____

Email: _____

Nominations must be received by

MAIL TO:

**Alaska Health Education Consortium
P.O. Box 100563
Anchorage, AK 99510**

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"Knowledgeable Choices for Optimum Health since 1976"