



**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 242172
Anchorage, AK 99524-2172

or email complete packet to Kristine.Green@alaska.gov
or fax ATTN: Kristine Green 907-269-3465

Nominations must be received by 5 pm November 16, 2009. The AHEC Executive Committee will review the applications and select a recipient. The recipient will be recognized at the Alaska Public Health Summit (December 7-9) luncheon in Anchorage.

“Knowledgeable Choices for Optimum Health since 1976”

Alaska Health Education Consortium

**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: _____

(use extra pages as necessary)

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: _____

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MAIL TO:

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