

Louisiana Rural Health Association

2021 Awards Program Nomination Form

Please specify the award that you are nominating this professional to receive:

- Rural Practitioner of the Year*
- Rural Health Professional of the Year*
- Outstanding Rural Health Program of the Year*
- Outstanding Rural Health Organization of the Year*

Nominee: _____

Nominee's Present Organization: _____

Nominee's Present Position: _____

Address: _____ City/State/Zip: _____

Phone (Office): _____ Phone (Home): _____

Nominee's E-mail Address: _____

Rural Geographic Area (s) affected by nominee's work: _____

Nominee's Educational Background (Attach Resume or Curriculum Vitae if Desired)

Nominee's Work Experience (Attach Resume or Curriculum Vitae if Desired)

(The following information must be received as an attachment to the nomination form.) Nominee's contribution to rural healthcare: Please describe the nominee's involvement in rural health, the significance to his/her contribution to rural health, and how the rural area and residents have benefited from the contribution. The narrative must be 300-500 narrative.

Nominated by: _____ Organization: _____

Address: _____ City/State/Zip: _____

Phone: _____ E-mail Address: _____

Send all nominations and supporting materials to:

Subject: 2021 Rural Health Awards Program

Email to: lynne@eatmovegrow.us