

**Wellness and Prevention Section: Influential Health Promotion Award**

We all know someone who has achieved great accomplishments, gone beyond the call of duty, made outstanding contributions to public health and/or acted as a motivated champion for public health clients. Let’s celebrate our success and recognize our coworkers!

Award winners will be recognized at North Carolina Public Health Association Fall Educational Conference**.** Visit NCPHA’s website to learn more about the conference at: [www.ncpha.com](http://www.ncpha.com).

This award honors an individual that has made contributions to the practice and profession of health education, health promotion, and/or wellness and prevention. This recipient has demonstrated the core capabilities in health education and contributes to creating healthier lives within North Carolina. **The winner is awarded $250.**

**Requirements:**

Nominees must be a current individual or organizational member of NCPHA at the time of nomination. To verify membership status, email Kim Dittmann at [kdittmann@ncapha.org](mailto:kdittmann@ncapha.org). Note that nominees may not win the same award more than once.

**Instructions for Nomination Form**

* Complete the Nomination Form by **July 14, 2023.**
* Submit the Nomination Form via: **Only emailed forms will be accepted.** 
  + Email: NCPHA, [kdittmann@ncapha.org](mailto:kdittmann@ncapha.org)

**Word count for the nomination should be no more than 500 words. Please include three bullets that highlight the nominee will be be read if they win.**

**Information of Nominator**

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| --- |
| Name: Click or tap here to enter text. |
| County: Click or tap here to enter text. |
| Agency: Click or tap here to enter text. |
| Phone Number: Click or tap here to enter text. |
| Email:Click or tap here to enter text. |

**Information of Nominee**

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| --- |
| Name: Click or tap here to enter text. |
| County:Click or tap here to enter text. |
| Agency: Click or tap here to enter text. |
| Phone Number: Click or tap here to enter text. |
| Email: Click or tap here to enter text. |
| Position/Profession: Click or tap here to enter text. |
| Years of Service: Click or tap here to enter text. |

**Narrative**

If nominating an individual, describe the nominee and why he/she should be considered for this award. Include information on public health experience, education, outstanding public health experience, organizational affiliations, offices held, important board appointments, and previous awards as necessary.

Click here to enter text.

If nominating an organization, describe the organization and why they should be considered for this award. Include information on outstanding programs, achievements, and recognition for advancements made in public health practice.

Click here to enter text.