



House Call Clinician of the Year Award

Nomination Form

Nomination Deadline: September 7, 2018

The **AAHCM House Call Clinician of the Year Award** recognizes an outstanding non-physician clinician who has made significant contributions to the delivery of quality healthcare to homebound patients, and demonstrates the important value of clinicians in the field of home care medicine. A clinician may be defined to include nurse practitioners, social workers, and physician's assistants. (Must be an AAHCM member)

Award: The awardee will receive a one year AAHCM membership and will be recognized at the AAHCM Annual Conference with a personalized plaque. Award winners will be notified in September 2018.

Eligibility: Nominees and nominator(s) must be AAHCM members in good standing. Self-nominations are accepted.

Current members of the AAHCM Board of Directors or AAHCM Award Committee are not eligible to be nominated for this award.

Form Directions: Use the "Tab" feature to move from field to field and type your information into the shaded field.

Submission Directions

All nominations must include **a copy of the nominee's CV** and **3 reference letters** submitted to Val Good-Turney, Executive Administrator at vgoodturney@aaHCM.org by **September 7, 2018** to be considered.

Supporting documentation such as formal commendations, citations, awards, newspaper, magazine articles, or other media-related profiles may be provided, but will serve only as evidence to support the nomination- these items are not required.

An institution may not submit more than two award submissions per awards cycle. National institutions will be defined by state. Should the Awards Committee receive more than two award submissions from the same (state) institution, the burden of submission selection will fall on the submitting institution.

PART 1

Nominator Information

Name: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail address: _____ AAHCM Member ___Yes ___No

Nominee Information

Name: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail address: _____

If you are selected, may we notify your employer? ___Yes ___No

PART 2

In the spaces below, please indicate how the individual you are nominating fulfills the following criteria for the AAHCM House Call Clinician of the Year Award. For each item, describe in detail how the nominee has:

Demonstrated accomplishments of comprehensive and impactful care as a home care clinician.

Demonstrated accomplishments of involvement in community service.

Demonstrated positive impact on mentorship and development of other clinicians.

Demonstrated involvement in activities that have advanced the image of home care medicine.

PART 3

In the space below, please provide any additional information you would like the committee to know about the nominee.

PART 4

In the space below, please provide a proposed citation of 25 words or fewer for the Award Plaque. Example: *“An educational leader and role model who has shaped the career of many outstanding practitioners. A patient advocate first and foremost.”*

PART 5

Reference #1

Name: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail address: _____ AAHCM Member ___Yes ___No

Reference #2

Name: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail address: _____ AAHCM Member ___Yes ___No

Reference #3

Name: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail address: _____ AAHCM Member ___Yes ___No



House Call Clinician of the Year Award Reference Letter Guidelines

Please use the following guideline when crafting your letter of reference.

- Demonstrated accomplishments of comprehensive and impactful care as a home care clinician.
 - Positively impacted patient resources, patient access and/or patient education.
 - Encouraged collaboration that resulted in improved patient care.
- Demonstrated accomplishments of involvement in community service.
 - Created or promoted public awareness of the value of home care medicine.
 - Served to improve the local community in addition to normal clinical duties.
- Demonstrated positive impact on mentorship and development of other clinicians.
 - Demonstrated leadership in the area of patient advocacy for home care medicine.
 - Mentored home care clinicians
 - Created or furthered initiatives that contributed to the development of home care clinicians
- Demonstrated involvement in activities that have furthered the image of home care medicine.
 - Duration/type of service
 - Rural/remote or inner city settings
 - Patient advocacy

All **reference letters** must be submitted to Val Good-Turney, Staff Liaison at vgoodturney@aaahcm.org by **August 15, 2018**, to be considered. Please include the name of the nominee and award for which they are being nominated in the subject of your email.