

# Louisiana Rural Health Association

## *2017 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*
- Legislator 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. Please limit narrative to one double spaced typed page. Deadline September 22, 2017.*

Nominated by: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Additional Reference: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Send all nominations and supporting materials to:**

**LRHA  
Attention: 2016 Awards Program  
P.O. Box 387  
Napoleonville, LA 70390**