

## 2020 IACW IMMUNIZATION AWARDS

A vital array of public and private stakeholders have joined the Immunization Action Coalition of Washington (IACW) to raise the public's awareness of how important immunizations are – and to continue the work to keep Washingtonians immunized across the lifespan. This is the work of saving lives and keeping our communities healthy.

It's time to honor those who have committed to this mission and delivered on their promise. The IACW seek nominations for the following awards:

★ **IACW Advocate Award** – An individual, active in the Immunization Action Coalition of Washington, who has given tremendous amounts of time and been successful in enhancing statewide immunizations efforts.

★ **IACW Collaborator Award** – An organization, active in the Immunization Action Coalition of Washington, who has impacted their community through collaboration to help promote, educate and increase immunization levels.

**Award Criteria:** An Advocate or Collaborator must meet one or more of the following criteria:

- **Leadership:** Considered an authority on immunization in his or her community, medical system, or individual practice. Activities may include acting as a spokesperson, trainer, mentor or educator.
- **Collaboration:** Has worked to build support for and increase immunization rates. Activities may include establishing or strengthening partnerships, coalitions, committees, working groups or other.
- **Innovation:** Has used creative or innovative strategies to promote immunization or address challenges to immunization in his or her practice, community, state or region. Activities may include both new strategies and adapting existing strategies in new ways, such as for reaching under-immunized populations.
- **Advocacy:** Is active in advancing policies and best practices to support immunization in their community, state, or region. Activities may include providing legislative testimony or promoting, analyzing or evaluating policies.

**Who is Eligible?** Nominees may include coalition members, parents, health care professionals and other immunization leaders who meet award criteria, including immunization program managers and county, state and federal government employees of health agencies.

**Nomination Information:** **Nominations are due by 5:00 p.m., Friday, March 13, 2020.** We welcome self-nominations. The nomination form requires a narrative describing how the nominee meets one or more of the award criteria; please use concrete examples. You may also submit supporting materials, including: program materials, publications, news clippings, website screenshots, etc. Please note that groups can be nominated for the Collaborator award, but cannot be nominated for the Advocate award.

**How to Submit a Nomination:** Complete and return the attached Nomination Form to [IC@withinreachwa.org](mailto:IC@withinreachwa.org).

For questions about any of these awards or the nomination process, email [IC@withinreachwa.org](mailto:IC@withinreachwa.org).

**Award Selection Process:** The Selection Committee consists of IACW Committee members, DOH staff and other immunization advocates. If Selection Committee members are nominated, they will abstain from voting in the category for which they were nominated. Nominators will be notified if their nominee has been selected. Award winners will be announced during at our Spring IACW Meeting on April 29, 2020.

# IACW AWARD (ADVOCATE OR COLLABORATOR) NOMINATION FORM

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## NOMINEE INFORMATION

<b>Nominee First and Last Name</b> If choosing either IACW Advocate or IACW Collaborator Awards and submitting for an organization, include the name of the person primarily responsible for the achievement, or who would accept the award if selected.		
<b>Organization</b>		
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Nominee Phone Number</b>	<b>Nominee E-mail</b>	
<b>Nominee Degree(s)/Credentials</b>		
<b>Contact Info for Manager of Nominee (if known)</b> <b>First and Last Name of Manager:</b>		
<b>Manager's Email:</b>		

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## NOMINATOR INFORMATION

<b>First and Last Name of Person Submitting the Nomination</b>	
<b>Organization</b>	
<b>Nominator Phone Number</b>	<b>Nominator E-mail</b>


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## NOMINEE CRITERIA AND CATEGORY

Please check the criteria you are addressing below (check all that apply):

- Considered an authority on immunization in their community, medical system, or individual practice.
- Has worked to build support for and increase immunization rates.
- Has used creative or innovative strategies to promote immunization or address challenges to immunization in their practice, community, state, or region.
- Is active in advancing policies and best practices to support immunization in their community, state, or region.

Please select the category for nomination:

- IACW Advocate Award
  - IACW Collaborator Award
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**IACW AWARD NOMINATION NARRATIVE FORM**

Please describe and provide concrete examples of how the nominee goes above and beyond to promote or foster immunizations in their community. **(Maximum 250 words)**

Please provide concrete examples of immunization activities that demonstrate how this nominee meets one or more of the award criteria. **(Maximum 250 words)**

Please describe the impact of this nominee's work. **(Maximum 250 words)**

Please describe any specific experiences that led the nominee to become a passionate advocate for immunization. **(Maximum 250 words)**

**Submit nominations to:**

IACW by email: [IC@withinreachwa.org](mailto:IC@withinreachwa.org)

**DEADLINE: Friday, March 13, 2020.** We will send you an email to confirm we have received your nomination packet.