



Deadline
AUGUST 24, 2018

NOMINATION FORM

Nominator Contact Information

Name: _____

E-Mail Address: _____

Company: _____

Phone: _____

City/Town: _____

State/Province: _____

Which best describes the Community Star you are nominating?

Individual Community Member Individual Practitioner Clinic Hospital Other: _____

Community Star Nominee Contact Details: (All fields required)

Name: _____

Title: _____

Organization: _____

City/Town: _____ State/Province: _____

E-mail Address: _____

Phone: _____

Which area are you recognizing this Community Star? (check all that apply)

Innovation Collaboration Education Communication Other: _____

The reason I chose to nominate this Community Star:

(Please include examples of their work in each area you are nominating them in.)

What do you see as your nominee's top two "Star" qualities? (Example: ambitious, generous, selfless, tenacious, etc.). Also, provide an example of how they demonstrate these qualities in their contributions to rural health.



Have questions?

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