

STEP

1

2013 Raven's Ball Nomination Form	
Award	<input type="checkbox"/> President's Award <input type="checkbox"/> Legacy & Leadership <input type="checkbox"/> Distinguished Provider <input type="checkbox"/> Community Spirit
Nominee's Name	
Organization	
Contact Info	
Nominator's Name	
Organization	
Contact info	

President's Award: This award recognizes a leader outside of the Alaska Tribal Health System, either formal or informal, who has made outstanding contributions to ANTHC's mission of working to make Alaska Natives the healthiest people in the world. They also have impacted the culture and performance of the Alaska Tribal Health System.

Legacy & Leadership Award: This award recognizes an outstanding health care professional that has demonstrated commitment to the Alaska Tribal Health System. This individual should be recognized as an expert in their field as well as someone who has displayed a long-term commitment to helping improve the Alaska Tribal Health System.

Distinguished Provider Award: This award recognizes a health care provider whose dedication has made a difference in the lives of those patients they care for and in the Alaska Tribal Health System. This award can go to a physician, physician assistant, nurse practitioner, midwife, optometrist, physical therapist, dietician or other clinician.

Community Spirit Award: This award recognizes the efforts of an individual who makes a difference through their advocacy of community education, support and outreach programs. This award recognizes an exceptional individual who has made volunteering and community service a way of life and demonstrates a sense of caring and responsibility for others.

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Please tell us in **ONE PARAGRAPH OR LESS** why you think this nominee deserves to receive this award and what they have done to support Alaska Native health. Please attach other supporting documentation (i.e. newspaper clippings, letters of support, recognitions, etc.) that will support your nomination.

STEP

3

As a nominator please provide contact information for **THREE** professional references to talk about the nominee's contributions and qualifications for the specific award:

Reference #1 Name:		
Phone		
Email		
Relationship to Nominee		
Would be willing to speak on camera about Nominee	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would be willing to provide pictures for slide show about Nominee	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Reference #2 Name:		
Phone		
Email		
Relationship to Nominee		
Would be willing to speak on camera about Nominee	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would be willing to provide pictures for slide show about Nominee	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Reference #3 Name:		
Phone		
Email		
Relationship to Nominee		
Would be willing to speak on camera about Nominee	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would be willing to provide pictures for slide show about Nominee	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Deadline is Friday, August 31, 2012.

Please submit your nomination via email to info@inspiringgoodhealth.org or mail to:
Healthy Alaska Natives Foundation
4000 Ambassador Drive
Anchorage, Alaska 99508