



# California Rural Health Champion Nomination Form

## Nominator Contact Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ City/Town: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Description of Nominee

Community Member      Practitioner      Clinic      Hospital      Other: \_\_\_\_\_

## Rural Health Champion Contact Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ City/Town: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Area of Recognition

Advocacy      Communication      Education      Collaboration      Innovation

**Your reason for nominating the California Rural Health Champion (please include examples of their work):**

**Is there anything else you would like to mention about your nominee?**