

**Community Advocacy, Partnership and Research Awards**

**Center for Clinical and Translational Science and Training (CCTST)**

***Call for Nominations Due: October 16, 2017***

The Center for Clinical and Translational Science and Training (CCTST) at the University of Cincinnati (UC), Cincinnati Children’s Hospital Medical Center (CCHMC), and the Cincinnati Veterans Affairs Medical Center (VAMC) are requesting nominations for community advocacy, partnership and research awards. These awards have been established to honor excellence in leadership, collaboration, and health promotion in the Greater Cincinnati/Northern Kentucky region.

**Eligibility**: Nominations should include information about how the nominee meets the qualifying characteristics outlined below. Self-nominations for these awards accepted. Recommendation letters accepted (not required).

**Deadline**: Award nomination forms must be submitted via email or fax by **October 16, 2017**. Winners and nominators will be notified by **October 27, 2017**.

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| **CCTST Community Health Advocate Award:**  This award recognizes an ***individual*** in the community working in service who has demonstrated leadership and a passion for improving health. The individual’s efforts have advanced health and wellness in children and/or adults in the community. |
| **CCTST Academic-Community Research Partnership Award:** This award honors an ***academic-community partnership*** that works collaboratively to facilitate innovation in research or quality improvement to impact the health of children, adults and/or communities. Please note both the academic and community partners will receive awards. |
| **CCTST Academic-Community Partnership Student Award:** This award recognizes ***an undergraduate student, graduate/medical student, resident, or fellow***who demonstrates commitment, passion and innovation in an academic-community partnership project aimed at improving the health of children, adults and/or communities. The community program hosting the student/resident/fellow (if applicable) will also be recognized. |
| **CCTST Practice-Based Research Award:**  This award recognizes ***a community physician or practice***who works collaboratively with an academic program or institution to improve the health and wellness of their patients by integrating research and best practices in clinical care. |

Please note that more than one award may be given in some categories. This year’s winners will receive their awards and be recognized for their outstanding leadership at the CCTST Community Dinner and Awards Ceremony on **November 14, 2017.** Send nomination form(s) to [ctsa@cchmc.org](mailto:ctsa@cchmc.org) or fax to (513) 636-7400 by **October 16, 2017.**

Submit form to [ctsa@cchmc.org](mailto:ctsa@cchmc.org) or Fax to 513-636-7400 by the **October 16, 2017** deadline.

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| **1. NAME OF THE AWARD** | | |
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| **2. NOMINEE** | | |
| 2a. NAME OF INDIVIDUAL, ORGANIZATION, AGENCY | | |
| 2b. EMAIL | 2c. PHONE | |
| 2d. ADDRESS (Street, City, State, Zip) | | |
| ***If nominating an individual, please fill out the following information:*** | | |
| 2e. POSITION TITLE, DEGREE(S) | 2f. ORGANIZATION/ AGENCY | |
| ***If nomination involves a partnership, please complete the following information:*** | | |
| 2g. NAME OF THE PARTNERING ORGANIZATION(S) | | |
| 2h. EMAILS(S) FOR THE PARTNERING ORGNANIZATION(S) | | |
| **3. NOMINATOR** | | |
| 3a. NAME | | 3b. EMAIL/PHONE |
| 3c. POSITION TITLE | | 3d. ORGANIZATION/ AGENCY |
| **4. PROVIDE SPECIFIC EXAMPLES OF HOW THE NOMINEE HAS DEMONSTRATED EXCELLENCE IN ONE OF THE AWARD CATEGORIES (500 WORDS OR LESS):** | | |
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