Honoring the Best Practices & the Brightest Stars

2020 AWARDS

NOMINATION FORM

Dr. Daniel T. Cloud Outstanding Practice & Big Shots for Arizona

The Arizona Partnership for Immunization is seeking nominations for Dr. Daniel T. Cloud and Big Shot awards.

We look forward to recognizing exceptional efforts of those whose tireless work and innovative strategies have improved immunization coverage levels statewide.
The Arizona Partnership for Immunization is seeking nominations for the 2020 Toddler and Teen awards. These awards recognize the exceptional efforts of many practices who have improved immunization coverage levels statewide for Toddlers and Teens.

- **TODDLER AWARD** is presented to those practices and clinics that have achieved the highest standard in their practice by reaching a 90% coverage level for 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella and 4 PCV for patients 2 years old by 12/31/19. A minimum of 20 active patients is required. Upon nomination, the practice/clinic will run an ASIIS data-driven report to validate coverage levels.

- **TEEN AWARD** is presented to those practices and clinics that have achieved the highest standard in their practice by reaching a 90% coverage level for 1 Tdap, 1 MCV and completion of the HPV series for patients 13-15 years old by 12/31/19. A minimum of 20 active patients is required. Upon nomination, the practice/clinic will run an ASIIS data-driven report to validate coverage levels.

Each Cloud Award recognizes the recipient for 2 full years. Please call us if you have questions about your eligibility to apply.

**Nomination Information** (Please Print)

- **Name of Practice/Clinic Being Nominated**
- **VFC PIN Number**
- **Phone**
- **Contact Name for Practice/Clinic**
- **Email**
- **Address of Practice/Clinic**
- **City**
- **State**
- **Zip Code**
- **Name of Person Submitting Nomination**
- **Email Address of Person Submitting Nomination**

**QUESTIONS?** Contact TAPI at 602-288-7568 or at Awards@TAPI.org.

- Nomination forms must be emailed to Awards@TAPI.org or mailed/delivered to the TAPI office at:

  **THE ARIZONA PARTNERSHIP FOR IMMUNIZATION**
  700 E. Jefferson Street, Ste. 100 • Phoenix, AZ 85034

- Print additional nomination forms at WhyImmunize.org • Faxed nominations will not be accepted.
- Nominations must be received or postmarked by 5 pm on March 2, 2020 to be eligible for consideration.

*We look forward to our annual awards dinner as an opportunity to publicly recognize immunization efforts over the past year.*

**DEADLINE FOR ALL AWARD CATEGORIES** is March 2, 2020 at 5:00pm.
BIG SHOTS FOR ARIZONA AWARD NOMINATION FORM

Your Name: ____________________________________________

Email: _________________________________________________ Phone Number: ______________________________

Who are you nominating for a Big Shots Awards? ________________________________

Is the nomination for a person or an organization? ________________________________

Which Award Category BEST FITS your nomination? (check ONLY ONE)

☐ Top Shot - Healthy Workplace
   A work environment that supports and encourages healthy lifestyles including full coverage for life saving vaccines and access to yearly flu vaccination.

☐ Hot Shot - Special Achievement
   Has gone ‘above and beyond’ the call of duty to give tremendous amounts of time and effort to increase immunization coverage levels. In memory of Andie Denious, RN.

☐ Up Shot - Innovation
   An innovative program or person new to the immunization effort and has demonstrated commitment to improving the health of Arizonans. In memory of Andrea Fadok.

☐ Buck Shot - Education/Special Events or Community Outreach
   Exceptional printed materials or sponsored/coordinated an event/s that have helped educate, promote and/or provide immunizations to Arizonans.

☐ Spot Shot - Public Policy or Media Coverage
   Responsible for legislation, policy initiatives, or media stories that helped educate and/or reduce barriers to immunizations. In memory of David Landrith.

1. Tell us about your nominee, in no more than three typed pages, using specific examples, data and/or supporting materials for this nomination. Please include an attached typed document with your nomination.

2. Summarize in about 100 words the most outstanding outcome or impact of your nomination. Please include an attached typed document with your nomination.

3. I have completed the nomination form, including the supporting nomination and summary statements.

Nominations will be reviewed by a panel of individuals who represent health care, business, media and civic organizations. You will be contacted if your nomination has been selected.

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