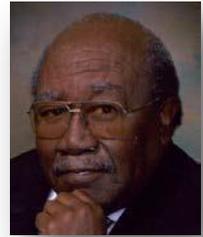


Alfred L. Bookhardt, MD

Award for Health Equity

Nomination Form



Nominator Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Nominee Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address (optional)	
Practice Address (include city/state)	
Medical Discipline (e.g. MD or DO)	
Years served Orange County residents	

Special Skills or Qualifications

Describe how this nominee goes beyond the traditional doctor/patient, clinical relationship to ensure that the needs of people most impacted by healthcare access disparities are met.

(300 words or less)

Improving Public Health

Describe how this nominee provides leadership in promoting public health improvements.

(300 words or less)

Research Application

Describe how this nominee applies research to their current patient care practices.

(300 words or less)

Advocacy Activities

Describe how this nominee advocates for policies to reduce health disparities and promote health equity.

(300 words or less)

Advocacy Activities

Describe how this nominee advances the 10 Essential Public Health Services (see eligibility criteria). Please note that it is not an expectation that nominees demonstrate all 10 elements.

(300 words or less)

Please submit completed nomination form to Daphne Brewington at Daphne.Brewington@flhealth.gov no later than **April 15th**.