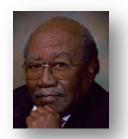
Alfred L. Bookhardt, MD Award for Health Equity Nomination Form



Nominator Contact Information

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

Nominee Contact Information

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

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 <u>it is not</u> an expectation that nominees demonstrate all 10 elements.

(300 words or less)

Please submit completed nomination form to Art Howell at <u>Arthur.Howell@flhealth.gov</u> no later than <u>March 30, 2018</u>. For more information, please contact 407-723-5123.