National Coalition of 100 Black Women, Inc.

Prince William County Chapter, Inc.



**2019 Nomination Form**

**2019 Recognition Focus – Health Advocacy**

*The program will recognize the accomplishments and work of African American women across generations who are working toward improving women’s physical and mental health.*

**Theme**

**Women Making a Difference Through Health Advocacy**

*(Submit Microsoft Word Document. Please do not submit scanned documents)*

**Full Name of Nominee:**

|  |
| --- |
|  |

**Credentials/Degrees/License (**i.g. BSN, CNM, DDS, DrPH, MD, MPH, MSW, PhD**):**

|  |
| --- |
|  |

**Address (**Specify Work or Home**):**

|  |
| --- |
|  |

Street Address

|  |
| --- |
|  |

City State Zip Code

**Phone Number (**Please provide at least one**):**

|  |
| --- |
|  |

Home Work Cell

**Email address:**

|  |
| --- |
|  |

**Residency (**Please indicate Prince William County or Stafford County**):**

|  |
| --- |
|  |

**Adult honoree** must be engaged in the area of health and working toward one of the following health priorities:

* Eliminating Health Disparities
* Prevention/Decrease Mortality
* Improving Health Outcomes
* Increasing access to affordable Health Care
* Engaged in culturally competent research on chronic diseases adversely impacting African American women
* Improving the overall quality of life of African American women

**Indicate Specialty Health Area**

* Health Care Professional (e.g. Physician, Nurse Practitioner, Midwife)
* Oral Health Provider (Dentist, Endodontist, Orthodontist)
* Mental Health Provider (e.g. Psychiatrist, Psychologist, Social Worker, Therapist)
* Health Administrator
* Health Care Researcher
* Allied Health Professional (e.g. Chiropractor, Dietician, Doula, Hospice Care Worker, Physical Therapist, Occupational Therapist, Speech Pathologist)
* Public Health Professional (e.g. Health Educator, Epidemiologist, Health Planner, Occupational Health)

**Adult Nominee Job Title and Description**

|  |
| --- |
|  |

**Please describe nominee’s exceptional professional achievements, contributions or service, as they relate to Initiative priorities.**

|  |
| --- |
|  |

**Please describe the impact of the nominee’s efforts within Prince William County or Stafford County.**

*Include health care involvement, community outreach, support and leadership*

|  |
| --- |
|  |

**What other attributes has the nominee demonstrated that qualify her to be honored in the field of health?**

Describe how the nominee demonstrates exceptional character that distinguishes her as an outstanding leader, role model, or mentor by promoting the development or advancement of women and minorities in the field of health.

|  |
| --- |
|  |

**Is there anything else about your nominee that needs to be considered (***Adversity/Personal Challenges***)?**

|  |
| --- |
|  |

**Biography – *You may attach a separate sheet***

*Please provide a brief biography of the nominee. Using no more than two pages typed with 12 point Times New Roman font.*

**Submitted By:**

|  |
| --- |
|  |

**Date:**

|  |
| --- |
|  |

All submissions will be reviewed by the committee and presented to the chapter at the February meeting.

*Email Submissions to Cynthia R. Brown at*

[NCBWAwards2019@gmail.com](mailto:NCBWAwards2019@gmail.com)

***Include this page with your submission.***

**Submissions must be received via email no later than**

**February 11, 2019.**