

CDC'S NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

2013 Childhood Immunization Champion Award Program

The National Center for Immunization and Respiratory Diseases (NCIRD) is part of the Centers for Disease Control and Prevention (CDC). NCIRD's mission is the prevention of disease, disability, and death through immunization and by control of respiratory and related diseases.

2013 will mark the second annual presentation of the *CDC Childhood Immunization Champion Awards*. The CDC and the CDC Foundation will honor up to one immunization *Champion* from each of the 50 states and the District of Columbia.

Spirit of the Award

The CDC Childhood Immunization Champion Award is intended to recognize individuals who are working at the community level. It honors those who are doing an exemplary job and going above and beyond to promote or foster immunizations in their communities among children 0-2 years old. When nominating and selecting their Champion, states should base their nominations on this spirit and on the eligibility criteria.

Award Criteria

A CDC Childhood Immunization Champion is an individual who meets one or more of the following criteria:

- Has provided community leadership on immunization issues and collaborated with others to build support for and increase immunization rates of infants and young children.
- Has used creative and/or innovative strategies to promote infant and young child immunization and meet unique immunization challenges within their community, state or region including, for example, reaching hard-toreach or under-immunized populations
- Has been a visible childhood immunization champion in a community and/or medical system by acting as a spokesperson, advocate, and/or educator
- Has been an advocate for childhood immunization policy advancements

Eligibility

Champions can include coalition members, parents, health care professionals (e.g., physicians, nurses, physicians' assistants, nurse practitioners, medical assistants, etc.), and other immunization leaders who meet the award criteria. State immunization program managers, county, state, and federal government employees who are paid with immunization funding, individuals who have been affiliated with and/or employed by pharmaceutical companies and

past recipients of the *Champion Award* are not eligible to apply (see a complete eligibility checklist on page 3).

Process

State Immunization Program Managers will coordinate the nomination and review process. Nominations will be accepted from all 50 states and the District of Columbia. Nomination forms should be submitted to the immunization programs of the state in which the nominee resides. The suggested deadline is COB March 1, 2013, however nominators should contact their State Immunization Program to find out if their state has a unique deadline. Self-nominations are welcome. The nomination form requires a photograph, resume, and a completed nomination narrative form found on page 4. These items need to be included in the nomination packet and will be used for promotion of the selected Champions. Included in the packet is a HHS consent waiver that must be printed, initialed, signed, and either emailed, or faxed with the nomination packet. Additional optional supporting materials may also be submitted, including: program materials, publications, news clippings, website screenshots, etc.

Immunization Program Managers will convene a review team to evaluate all nominees for their state and recommend one individual to receive the award based on the criteria listed above. Each Program Manager will notify CDC of their recommendation by **March 22**, **2013**. CDC will review and confirm states' recommendations and issue the awards.

Award Presentation & Recognition

- Awards will be announced April 20–27, 2013 in conjunction with National Infant Immunization Week (NIIW)
- Each awardee will receive a CDC Childhood Immunization Champion Award certificate
- Champions and their accomplishments will be featured on the CDC's vaccine website, and may be recognized by their state program during NIIW.

Visit the CDC Childhood Immunization Champion Award online www.cdc.gov/vaccines/champions





2013 Childhood Immunization Champion Award Program



2013 Nomination Form

Please send nominations to the immunization program of the state in which the nominee resides. The suggested deadline is March 1, 2013, however states may have selected unique deadlines. Please contact your State Immunization Program to confirm your state's deadline. Immunization program contact information can be found at the end of this application. Please also submit a photo, resume, and the completed narrative and HHS consent waiver forms. The photo, responses to the narrative questions and resume may be used for promotional purposes if the nominee is selected as a *Champion*.

NOMINEE INFORMATION

Nominee First and Last Name					
Organization					
Address					
City	State	Zip Code			
Nominee Phone Number	Nominee E-mail				
Nominee Degree(s)/Credentials					
NOMINATOR INFORMATION					
Nominator First and Last Name					
Organization					

AWARD SHIPPING INFORMATION

Phone Number

Champions will receive an award and congratulatory letter from the CDC and the CDC Foundation. These can be shipped directly to the award recipients, or to another contact at the State Immunization Program if the program would like to present the award personally. Please provide the contact name and the address where the award should be shipped (street addresses only).

E-mail

First and Last Name					
Organization					
Address					
City	State	Zip Code			
Phone Number					

1) Champions Award Eligibility and Criteria Checklist

Eligibility Checklist

	th of the following statements must be true for this nominee to be considered eligible for the C Childhood Immunization Champions Award:
	The nominee is not entitled to royalties or other compensation for a patent on a vaccine product or process.
	The nominee has not served as a paid litigation consultant or expert witness in litigation involving a vaccine manufacturer.
	The nominee is not a county, state or federal government employee who is paid by state or federal immunization funding.
	The nominee has not already received the CDC Childhood Immunization Champion Award.
Eac	th of the following statements must be true for this nominee since January 1, 2012 :
	The nominee, their spouse, or any members of my immediate family (siblings and children) have not been employed by a vaccine manufacturer.
	The nominee has not held stock in a vaccine manufacturer.
	The nominee has not served in an advisory or consulting role (paid or unpaid) to a vaccine manufacturer.
	The nominee has not accepted and/or solicited funds from vaccine manufacturers.
	The nominee has not accepted honoraria or travel reimbursement with a funding source from a vaccine manufacturer for attendance at scientific meetings.
Aw	ard Criteria Checklist
	DC Childhood Immunization Champion is an individual who meets one or more he following criteria:
	The nominee has provided community leadership on immunization issues and collaborated with others to build support for and increase rates of immunization among infants and young children.
	The nominee has used creative and/or innovative strategies to promote infant and young child immunization and meet unique immunization challenges within their community, state or region (for example, reaching hard-to-reach or under-immunized populations).
	The nominee has been a visible childhood immunization champion in a community and/or medical system by acting as a spokesperson, advocate, and/or educator.
	The nominee has been an advocate for childhood immunization policy advancements.

2) Nomination Narrative Form

Please describe and provide concrete examples on how the nominee goes above and beyond to promote or foster immunizations in their community among children o-2 years old. (Maximum 250 words)
Please provide concrete examples of childhood immunization activities that demonstrate how this nominee meets one or more of the award criteria listed on page 3. (Maximum 250 words)
Please describe the impact of this nominee's work. (Maximum 250 words)
Please describe any specific experiences that led the nominee to become a passionate champion for childhood immunization. (Maximum 250 words)

3) Nominee Photo

As a separate file, please submit a jpg or gif photo that is 114 pixels wide.

4) Nominee Resume

As a separate file, please submit a current resume for the nominee.

5) Instructions for Submitting the Nomination Materials

- **Step 1** Complete all fields in the nomination packet electronically (preferred) or in a hard copy.
- **Step 2** Complete the HHS consent waiver, found on the next page, by certifying each statement with initials and signing the completed form:
 - Print out the HHS consent waiver.
 - Have the nominee initial the line before each statement certifying that it is true.
 - Have the nominee print their name and sign the document.
 - Have a witness sign the document as well.
 - Scan the waiver and either email or fax it to the state program manager. You can find contact information for your state's immunization program on page 7.
- **Step 3** Submit a color jpg or gif photo of the nominee that is 114 pixels wide.
- **Step 4** Submit the nominee's resume.
- **Step 5** Send the completed nomination packet, HHS consent waiver, photo and resume to your state's Immunization Program Manager by **March 1, 2013.**

State Program Managers: Please submit the nomination packet, HHS consent waiver, photo and resume of your selected champion to IMZChamps@cdc.gov by **March 22, 2013**.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL AND PREVENTION | ATLANTA, GA 30333

CDC/NCIRD CHILDHOOD IMMUNIZATION CHAMPIONS CONSENT WAIVER

NOTE: Witness signature is required, although the witness does not have to be a notary.

I hereby grant full permission to the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), to use, reproduce, publish, distribute, and exhibit my name, picture, portrait, likeness, voice, quote, or any written information regarding my experiences with vaccine preventable diseases and/or immunization or any or all of them in or in connection with the production of still photographs, written materials or internet/intranet/extranet posting, a television tape or film recording, soundtrack recording, motion picture film, filmstrip, in any manner for training, education and other purposes. I understand that portrait shots and other pictures of me may be used in CDC's internal and external written materials, including the CDC Internet site.

Without limitation as to time, I hereby waive all rights for compensation in connection with the use of my name, picture, portrait, likeness, voice, quote, or any written information regarding my experiences with vaccine preventable diseases and/or immunization or any or all of them, or in connection with said CDC internal and/or external written materials, or intranet/extranet/internet posting, television tape or film recording, soundtrack recording, motion picture film, filmstrip, still photograph, in whole or in edited form and any use to which the same or any materials therein may be put, applied or adapted by the United States Government and others in the health field.

I certify that each of the following statements is true: (Please initial on the line ne	ext to each state	ement.)				
I am not entitled to royalties or other compensation for a patent on a va	ccine product o	or process.				
I have not served as a paid litigation consultant or expert witness in litigation involving a vaccine manufacturer.						
I am not a county, state or federal government employee who is paid wi	I am not a county, state or federal government employee who is paid with immunization funding.					
I have not already received the CDC Childhood Immunization Champion	I have not already received the CDC Childhood Immunization Champion Award					
I certify that each of the following statements is true. (Please initial on the line ne	ext to each state	ement.)				
Since January 1, 2012						
	ldren) have not	been employed by a				
vaccine manufacturer.						
	I have not held stock in a vaccine manufacturer.					
l have not served in an advisory or consulting role (paid or unpaid) to a vaccine manufacturer.						
in lave not accepted and/or solicited funds from vaccine manufacturers	I have not accepted and/or solicited funds from vaccine manufacturers.					
I have not accepted honoraria or travel reimbursement with a funding source from a vaccine manufacturer for attendance at scientific meetings.						
PRINT NAME OF NOMINEE						
ADDRESS						
SIGNATURE	DATE					
Witness						
PROJECT NAME: CDC Immunization Champion Award						
TITLE						
SIGNATURE	DATE					

State Immunization Program Contact Information

► Submit your nomination form and materials directly to your state immunization program.

ALABAMA

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