

Primary Care Down the Road

Indiana AHEC Network 7th Statewide Meeting

April 26, 2016



IUPUI CAMPUS CENTER | 420 UNIVERSITY BLVD. | INDIANAPOLIS, IN 46202

“AHEC Hero” Award

Please complete the following information:

Name of Individual or Program Being Nominated: _____

If Program, Please List Main Contact Name: _____

Address: _____

Phone and e-mail: _____

If Individual, Nominee’s Present Position: _____

Individual or Program Organizational Affiliation: _____

Information on person submitting this nomination form:

Name _____

Title _____

Address _____

Phone and e-mail _____

Please attach a description of the nominated individual’s, organization’s or program’s contributions, and significance of those contributions to the Indiana AHEC Program. Please describe how the individual/ organization/program meets the criteria of the award for which they are nominated. Please limit description to a maximum of 1 page, including brief individual/organization/program biographical sketch or history.

Please return the attached nomination form via e-mail by **February 1, 2016, to ahec@iupui.edu**

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