

**NQC Quality Of Care
Awards Nomination Form – 2017**

I. Applicant Information

Date Submitted:

Name of program/individual being nominated:

Organizational Affiliation (recipient name):

Address:

City:

State:

Zip:

Phone:

Email:

Name of person submitting nomination
(self nomination is permitted):

Organizational Affiliation (if any):

Address:

City:

State:

Zip:

Phone:

Email:

II. About Your Program

Which Ryan White funding does the nominated HIV program receive? (Please check all that apply)

Part A Part B Part C Part D Part C and D Part F

Other

In which of the PHS public health service regions does the nominated HAB-funded program operate?

Region I (CT, ME, MA, NH, RI, VT)

Region II (NJ, NY, PR, USVI)

Region III (DE, DC, MD, PA, VA, WV)

Region IV (AL, FL, GA, KY, MS, NC, SC, TN)

Region V (IL, IN, MI, MN, OH, WI)

Region VI (AR, LA, NM, OK, TX)

Region VII (IA, KS, MO, NE)

Region VIII (CO, MT, ND, SD, UT, WY)

Region IX (AS, AZ, CA, HI, MP, NV)

Region X (AK, ID, OR, WA)

Type of Organization

Governmental Agency AIDS Service organization Hospital University Medical Center

Community Health Center Faith Based Program

Other (please explain)

Approximately how many HIV-infected patients are served by your program?

Which Ryan White Program Part is the focus of this nomination?

- Part A
 Part B
 Part C
 Part D
 Part F

Other

III. Award Categories (You must submit one application PER CATEGORY):

- Award for Sustainable Clinical Quality Management Program
 Award for Measurable Improvements in HIV Care
- NQC Award for Leadership in Quality
 Award for Consumer Engagement in Quality Improvement

IV. Nomination Summary:

Please attach separate page(s) to give a detailed reason why you believe that the nominee should receive this award. Use specific examples and/or data when possible and include supporting documentation as appropriate. Please use the following as a guideline:

Background - Describe the nominated program and the services being provided. If an individual is being nominated, please describe his/her background in quality management.

Activity/accomplishment/intervention - Why does the individual or organization merit consideration for this award. Be sure to include specifics and the impact or outcome of the organization's or individual's efforts.

Please keep in mind that the recipient must be in good standing with HRSA and the HIV / AIDS Bureau.

V. To Submit This Award:

1. Via email:

Due to the way Adobe has restructured Acrobat, we have a new procedure for submissions. You are encouraged to submit the form by email by clicking the submit button at the bottom of this form. Once received at NQC, you will be sent a copy of the form that will confirm its submission. It will also be a and also be a completed form for your records. If the category for which you are applying requires that you submit data or other supporting information, you will have to email that separately. If you do not receive an email acknowledging your submission within 2 business days of your submission, please contact us to follow up. Email is not 100% reliable and NQC wants to make sure your application is received and given due consideration. Supporting documentation can be emailed to:

Kevin@NationalQualityCenter.org

2. Via U.S. Post Office: Send this form along with all supporting documentation to:

Kevin Garrett, LMSW
 Senior Manager
 National Quality Center
 New York State Department of Health
 AIDS Institute
 90 Church Street, 13th floor
 New York, NY 10007-2919

3. Please note: **The deadline for submitting awards is Friday, April 14, 2017 at 5:00 PM.** All award applications must either be received electronically or postmarked by that time to be considered.