



## **Nominator Contact Information**

First	Last			
Name:	Name:	E-Mail Address:		
Organization:		Phone:		
City/Town:		State/Province:		
Community Star l	Nominee Contact Details: (All field	ds required)		
First	Last			
Name:	Name:	Title:		
Organization:		E-Mail Address:		
City/ Town:	State/ Province:	Phone:		
Please describe you organization you are	er connection to the individual or e nominating.	Do you have any knowledge about the individual's or organization's connection to or interaction with their State Office of Rural Health?  Yes. Provide a few details.  No Not sure		
	uestions about Community Star?	Which best describes the individual or organization you are nominating?		
COMMUNITY STARS	Please refer to our FAQs.	☐ Individual Community Member		
Q: What is National Rural Health Day?	Please send completed	☐ Individual Practitioner		
Do you the Missin-Opportunite of the Office of the Internal Confedence of t		☐ Clinic/Hospital		
education and communication amongst all rural statestosters.  Q: What is the Community Start Recognition Program?  In conjunction with NNIU, NOSOBH established the annual Community Star Recognition Program, sharing a collection of states of those and we a making a transmostion and positive inspect on their communities in several vital health-related areas. Bettern NNIUL, NOSOBH invites all inpartners, Start Orders of Natar Health industry explanations in specials, clinicipus  relationship in the program of the start of the start of the start of the specials, clinicipus  relationship in the start of the start	beersare@perrererraranerg	Consortium		
incles all its patterns, State Offices of Bazal Health, industry or agranulations, hospitals, clinics and health systems allike, a nonemistes as individual or organizations as Community State (all and selected memies are proofly relative till the eBook that is created and shared wieldy beginning on NSPO and Intesplack the year.  > > Clinic Merry Meet the 2018 Community Stars Today!	and the second s	☐ EMS		
Q: Who is eligible to be nominated as a 2019 Community Star? The following are the eligiblity requirements for both organizations and elicidization.  Must be beated, working and/or volunteering in a designated rutal area.  Nominees must connect to the participate and complete a detailed questionsaire also		☐ Other		
<ul> <li>Nominees must concent to fully participate and complete a detailed questionnaire also their work/service.</li> </ul>	Download FAQs			









## **Nomination Criteria**

The 2019 Community Star Selection Committee will review and evaluate nominations, making recommendations for which stories to include in this year's eBook and other NRHD activities based on the following merits.

## The nominee:

- Cultivates a vital, innovative rural health landscape and infrastructure
- Develops leadership capacity to grow rural population health and health equity
- Builds capacity for rural datadriven program planning and decision making
- Contributes to rural health innovation, education, collaboration and communication

Past nominees have included physicians, nurses, allied health providers, hospital administrators, board members, volunteers, community health workers, and first responders. Other nominees have included coalitions and collaborators working together on initiatives that address a specific health crisis or need or drive largescale health and wellness programs.

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guidelines	to the left.)				
Provide	you believe an example . (Example: ar	of how yo	our nomine	ee demons	strates thes



