

*Official Nomination Form*  
**Alabama Healthcare Hall of Fame**

**1. NOMINEE: (include address and phone number)**

**2. Nominee's field or position of service in, or for, healthcare:**

*(medical practice, dental practice, nursing, academic medicine, health care administration research, public health, volunteer, public service, business-finance, etc.)*

**3. Nominee's distinctive healthcare service and/or contributions in Alabama:**

*(Please attach letter from nominator describing the accomplishments of the nominee, education, positions held, appointments and other significant and relevant information); (Nomination should be supported by three letters from individuals who have personal knowledge of the nominee and his or her accomplishments.)*

**4. Individual presenting this nomination.**

*( Include, Name, Address, Phone, & Email Address)*

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Signature of Nominator

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Date

Return nomination form and attachments to:  
Alabama Healthcare Hall of Fame  
600 Corporate Parkway, Suite 125  
Birmingham, Alabama 35242

Email: [ahhof@live.com](mailto:ahhof@live.com); Phone 205-783-8686; 334-414-3849 (cell)