

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)

Signature of Nominator

Date

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

Email: dmstanard@icloud.com; Phone 205-783-8440; 205-561-7911 (cell)