



**ALABAMA HEALTHCARE HALL OF FAME  
OFFICIAL NOMINATION FORM  
CLASS OF 2026  
Deadline for Nominations is December 15, 2025**

**1. Nominee:**

*(Include address, phone number and email address if applicable)*

**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 services 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 two to four additional letters from individuals who have personal knowledge of the nominee and his or her accomplishments.)*

**4. Individual present this nomination:**

*(Include name, address, phone, and email address)*

\_\_\_\_\_  
Signature of Nominator

\_\_\_\_\_  
Date

**Return nomination form and letters to: Alabama Healthcare Hall of Fame 600 Corporate Parkway, Suite 125 Birmingham, Alabama 35242; Email: [cmitchell@nolandhealth.com](mailto:cmitchell@nolandhealth.com); Phone (205) 7873-8484.**

***Nominations inclusive of support documentation must be received no later than December 15, 2025.***