



## ***Outstanding Health Research Award Nomination Form***

1. Name of the research group, program or project

2. Make a write-up on the impact of the program or project on health delivery including a contextualization of the problem that the project/program seeks to address and a description of the program or project highlighting how the results were utilized, as well as the benefits derived from their utilization

Additional sheets may be used if necessary.

## Nomination form

3. List the nominee's technical reports and/or publications of the completed projects related to the technology which has been adopted or utilized. **Attach a clear copy of each of the publications listed.**

Additional sheets may be used if necessary.

## Nomination form

4. Statement from the technology user(s) and program or project end-user describing the contribution of the technology and project or program in improving health delivery.

Additional sheets may be used if necessary.

Nomination form

<b>5. Program/project leader and members</b>	<b>Position or Title</b>	<b>Address (Institution)</b>
<b>6. Nominator</b>	<b>Position or Title</b>	<b>Address (Institution)</b>
<b>Signature of Nominator</b>		<b>Date</b>



## Nomination form

### **AGREEMENT OF NOMINEE:**

I hereby agree:

1. To abide by the rules and regulations of the Board of Judges;
2. To give additional information as may be requested;
3. To be available should the Board of Judges' deliberations require my presence;
4. To receive the Award in person, if selected.

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Nominee's Name

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Signature

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Mail Nomination to:

The Regional Consortium Secretariat  
(Please refer to the attached paper for the list of addresses)