MEMORANDUM

TO: North Carolina Immunization Program Participants

FROM: Beth Rowe-West, R.N., B.S.N., Head

SUBJECT: Samuel L. Katz, M.D. Excellence in Immunization Award Nomination Packet

The North Carolina Immunization Branch will proudly present the Samuel L. Katz, M.D. Excellence in Immunization Award during the 2011 North Carolina Immunization Conference: “Making a Better Tomorrow” to be held August 10-12 at the Joseph F. Koury Convention Center in Greensboro, N.C. We realize there are many outstanding individuals and agencies that have developed innovative strategies, projects or programs to increase childhood, adolescent and adult immunization coverage rates and we would like to recognize those accomplishments.

The award presentation will be held during the closing session on Friday, August 12. One winning agency representative will receive a waived conference registration fee and accommodations for two nights on August 10 & 11, 2011 at the Sheraton Four Seasons.

I encourage you to complete and submit the enclosed nomination packet so agencies that have demonstrated excellence in the field of immunization can be recognized. To be considered for this award, applications must be received by June 20, 2011. Completed nomination packets should be submitted to:

Andrea Held
Immunization Branch
1917 Mail Service Center
Raleigh, NC 27699-1917

I look forward to reviewing the nominations and selecting a deserving program. For additional nomination information, contact Andrea Held at (919) 707-5564 or Andrea.Held@dhhs.nc.gov. Together, we continue to make great strides toward accomplishing our mission – to identify and eliminate vaccine-preventable disease in North Carolina.

cc: SMT
Local Health Directors
Steve Shore
Vaccine Manufacturers

Regional Immunization Consultants
Central Office Staff
Gregg Griggs
Excellence in Immunization Award

Complete and submit the nomination package describing the outstanding contributions of the organization, project or person being nominated.

Name of Organization, Project or Person: ________________________________

Agency Contact: ____________________________________________________

Address: __________________________________________________________

Phone: ______________ Fax: ______________ Email: ____________________

Name of Program/Activity/Policy: _________________________________

Date of Program Inception (If applicable): ____________________________

Nominated By: _____ Agency Contact _____ Other (complete information below)

Name/Title: _______________________________________________________

Organization: _____________________________________________________

Address: _________________________________________________________

Phone: ______________ Fax: ______________ Email: ____________________

Deadline for submission: June 20, 2011

Submit nomination package to:
Andrea Held
NC Immunization Branch
1917 Mail Service Center
Raleigh, NC 27699-1917
Fax: (919) 870-4825
Email: andrea.held@dhhs.nc.gov

Questions, please contact Andrea Held with the N.C. Immunization Branch at (919) 707-5564 or andrea.held@dhhs.nc.gov
Samuel L. Katz, M.D. Excellence in Immunization Award Nomination Narrative

Answer the following questions on a separate sheet of paper. Nominations will be reviewed on a 100-point scale with the following maximum points for each category:

1. **Mission:** What is the mission of the organization and the purpose of the program/project? (10 points)

2. **Collaboration/Partnerships:** What community and organizational partnerships were formed to support the program/project? What are the roles, responsibilities and contributions of each partner? (20 points)

3. **Community Responsiveness:** Who is the program designed to serve? How has the community been involved in the design, implementation and evaluation of the program? How is the program responsive to unique community needs? (15 points)

4. **Innovation:** What creative features of the program make it unique, exciting and/or newsworthy for the community served? (20 points)

5. **Outcomes and Evaluation:** What are the outcomes of the program/project and how was it evaluated? Outcome measures could include changes of immunization rates, number of participating organizations, etc. (15 points)

6. **Replication:** What is the potential for replicating this project/program in other communities? (15 points)

7. **Sample Materials:** Submission of program materials is encouraged. Sample materials include brochures, posters, videos, campaign materials, news articles, etc. Sample materials will not be returned. (5 points) Please mail materials, by June 20, 2011 to:

   Andrea Held  
   NC Immunization Branch  
   1917 Mail Service Center  
   Raleigh, NC 27699-1917