



CDC'S NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

2015 *Childhood Immunization Champion Award* Program

The National Center for Immunization and Respiratory Diseases (NCIRD) is part of the Centers for Disease Control and Prevention (CDC). NCIRD's mission is the prevention of disease, disability, and death, through immunization and by control of respiratory and related diseases.

The year 2015 will mark the fourth annual presentation of the *CDC Childhood Immunization Champion Award*. The CDC and the CDC Foundation will honor up to one *Champion* from each of the 50 U.S. states, 8 U.S. Territories and Freely Associated States, and the District of Columbia.

Award Criteria

The *Champion Award* is intended to recognize individuals who are working at the local level. It honors those who are doing an exemplary job or going above and beyond to promote or foster childhood immunizations in their communities. When nominating and selecting their *Champion*, state and territorial immunization programs should base their nominations on meeting one or more of the following criteria:

Leadership: The candidate is considered an authority on immunization in his or her community, medical system, or individual practice. Activities may include acting as a spokesperson, trainer, mentor, or educator.

Collaboration: The candidate has worked to build support for and increase immunization rates in infants and young children. Activities may include establishing or strengthening partnerships, coalitions, committees, working groups, or other.

Innovation: The candidate has used creative or innovative strategies to promote immunization or address challenges to immunization in his or her practice, community, state, or region. Activities may include both new strategies and adapting existing strategies in new ways, such as for reaching under-immunized populations.

Advocacy: The candidate is active in advancing policies and best practices to support immunization in infants and young children in their community, state, or region. Activities may include providing legislative testimony or promoting, analyzing, or evaluating policies.

Champions may include coalition members, parents, health care professionals (e.g., physicians, nurses, physicians' assistants, nurse practitioners, medical assistants, etc.), and other immunization leaders who meet the award criteria.

Immunization program managers, county, state and federal government employees paid by state or federal immunization funding individuals who have been affiliated with and/or employed by pharmaceutical companies, and those who have already received the award are **not** eligible to apply (see a complete eligibility checklist on page 3).

Process

State and territorial immunization program managers will coordinate the nomination and review process. Nominations will be accepted from all 50 U.S. states, 8 U.S. Territories and Freely Associated States, and the District of Columbia. Nomination forms should be submitted to the immunization programs of the state or territory in which the nominee resides. The suggested deadline is **February 6, 2015**. However, nominators should contact their immunization program to find out if they have a different deadline. Self-nominations are welcome.

The nomination form requires a photograph, resume, and a completed nomination narrative form found on page 4. These items will be used for promotion of the selected *Champions*. Included in the packet is a HHS consent waiver that must be printed, initialed, signed, and either emailed or faxed with the nomination packet. Additional optional supporting materials may also be submitted, including program materials, publications, news clippings, website screenshots, etc.

Immunization program managers will convene a review team to evaluate all nominees for their state or territory and recommend one individual to receive the award based on the criteria listed above. Each program manager will notify CDC of his or her recommendation by **February 20, 2015**. CDC will review and confirm the recommendations and issue the awards.

Award Presentation and Recognition¹

- Awards will be announced April 18-25, 2015 in conjunction with National Infant Immunization Week (NIIW).
- Each awardee will receive a *CDC Childhood Immunization Champion Award* certificate.
- *Champions* and their accomplishments will be featured on the CDC's vaccine website and may be recognized by their state or territory program during NIIW.

Learn more online at www.cdc.gov/vaccines/champions

¹ NOTE: CDC may not confirm recommendation if nominee does not meet award criteria and/or eligibility guidelines.

If you have questions or need more information, please contact your state or territorial immunization program. Contact information can be found beginning on page 7 of this application.





2015 Childhood Immunization Champion Award Program

2015 Nomination Form

Please send nominations to the immunization program of the state or territory in which the nominee resides. The suggested deadline is February 6 2015. However, your immunization program may have selected unique deadlines. Please contact your immunization program to confirm the deadline. Immunization program contact information can be found at the end of this application. Please also submit a photo, resume, and the completed narrative and HHS consent waiver forms. The photo, responses to the narrative questions, and resume may be used for promotional purposes if the nominee is selected as a *Champion*.

NOMINEE INFORMATION

| | | |
|-------------------------------|---------------|----------|
| Nominee First and Last Name | | |
| Organization | | |
| Address | | |
| City | State | ZIP Code |
| Nominee Phone Number | Nominee Email | |
| Nominee Degree(s)/Credentials | | |

NOMINATOR INFORMATION

| | |
|-------------------------------|-------|
| Nominator First and Last Name | |
| Organization | |
| Phone Number | Email |

AWARD SHIPPING INFORMATION

Champions will receive an award and congratulatory letter from the CDC and the CDC Foundation. These can be shipped directly to the award recipients, or to another contact at the immunization program if the program would like to present the award personally. Please provide the contact name and the address where the award should be shipped (deliveries cannot be made to PO boxes).

| | | |
|---------------------|-------|----------|
| First and Last Name | | |
| Organization | | |
| Address | | |
| City | State | ZIP Code |
| Phone Number | | |

1) *Champions Award Eligibility and Criteria Checklist*

Eligibility Checklist

Each of the following statements must be true for this nominee to be considered eligible for the *CDC Childhood Immunization Champion Award*:

- The nominee is not entitled to royalties or other compensation for a patent on a vaccine product or process.
- The nominee has not served as a paid litigation consultant or expert witness in litigation involving a vaccine manufacturer.
- The nominee is not a county, state, or federal government employee who is paid by state or federal immunization funding.
- The nominee has not already received the *CDC Childhood Immunization Champion Award*.

Each of the following statements must be true for this nominee since **January 1, 2014**:

- The nominee, his or her spouse, or any members of his or her immediate family (siblings and children) have not been employed by a vaccine manufacturer.
- The nominee has not held stock in a vaccine manufacturer.
- The nominee has not served in an advisory or consulting role (paid or unpaid) to a vaccine manufacturer.
- The nominee has not accepted and/or solicited funds from vaccine manufacturers.
- The nominee has not accepted honoraria or travel reimbursement with a funding source from a vaccine manufacturer for attendance at scientific meetings.

Award Criteria Checklist

A *CDC Childhood Immunization Champion* is an individual who is doing an exemplary job or going above and beyond to promote or foster childhood immunizations in his or her community. *Champions* should meet one or more of the following criteria:

- Leadership:** The candidate is considered an authority on immunization in his or her community, medical system, or individual practice. Activities may include acting as a spokesperson, trainer, mentor, or educator.
- Collaboration:** The candidate has worked to build support for and increase immunization rates in infants and young children. Activities may include establishing or strengthening partnerships, coalitions, committees, working groups, or other.
- Innovation:** The candidate has used creative or innovative strategies to promote immunization or address challenges to immunization in his or her practice, community, state, or region. Activities may include both new strategies and adapting existing strategies in new ways such as for reaching under-immunized populations.
- Advocacy:** The candidate is active in advancing policies and best practices to support immunization in infants and young children in his or her community, state, or region. Activities may include providing legislative testimony or promoting, analyzing, or evaluating policies.

2) Nomination Narrative Form

Please describe and provide concrete examples of how the nominee goes above and beyond to promote or foster immunizations in his or her community among children 0-2 years old.

(Maximum 250 words)

Please provide concrete examples of childhood immunization activities that demonstrate how this nominee meets one or more of the award criteria listed on page 3 . **(Maximum 250 words)**

Please describe the impact of this nominee's work. **(Maximum 250 words)**

Please describe any specific experiences that led the nominee to become a passionate *Champion* for childhood immunization. **(Maximum 250 words)**

3) Nominee Photo

As a separate file, please submit a jpg or gif photo that is 114 pixels wide.

4) Nominee Resume

As a separate file, please submit a current resume for the nominee (Please send as a pdf or Word document.).

5) Instructions for Submitting the Nomination Materials

Step 1 Complete all fields in the nomination packet electronically (preferred) or in a hard copy.

Step 2 Complete the HHS consent waiver, found on the next page, by certifying each statement with initials and signing the completed form:

- Print out the HHS consent waiver.
- Have the nominee initial the line before each statement certifying that it is true.
- Have the nominee print his or her name and sign the document.
- Have a witness sign the document.
- Scan the waiver and either email or fax it to the program manager. You can find contact information for your immunization program beginning on page 7.

Step 3 Submit a color jpg or gif photo of the nominee that is 114 pixels wide.

Step 4 Submit the nominee's resume as a pdf or Word document.

Step 5 Send the completed nomination packet, HHS consent waiver, photo, and resume to your immunization program manager by **February 6, 2015**.

Program managers: Please submit the nomination packet, HHS consent waiver, photo, and resume of your selected *Champion* to IMZChamps@cdc.gov by **February 20, 2015**.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL AND PREVENTION | ATLANTA, GA 30333

CDC/NCIRD CHILDHOOD IMMUNIZATION CHAMPIONS

CONSENT WAIVER

NOTE: Witness signature is required, although the witness does not have to be a notary.

I hereby grant full permission to the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), to use, reproduce, publish, distribute, and exhibit my name, picture, portrait, likeness, voice, quote, or any written information regarding my experiences with vaccine-preventable diseases and/or immunization or any or all of them in or in connection with the production of still photographs, written materials or Internet/intranet/extranet posting, a television tape or film recording, soundtrack recording, motion picture film, filmstrip, in any manner for training, education, and other purposes. I understand that portrait shots and other pictures of me may be used in CDC’s internal and external written materials, including the CDC Internet site.

Without limitation as to time, I hereby waive all rights for compensation in connection with the use of my name, picture, portrait, likeness, voice, quote, or any written information regarding my experiences with vaccine-preventable diseases and/or immunization or any or all of them, or in connection with said CDC internal and/or external written materials, or intranet/extranet/Internet posting, television tape or film recording, soundtrack recording, motion picture film, filmstrip, still photograph, in whole or in edited form and any use to which the same or any materials therein may be put, applied, or adapted by the United States Government and others in the health field.

I certify that each of the following statements is true: (Please initial on the line next to each statement.)

- _____ I am not entitled to royalties or other compensation for a patent on a vaccine product or process.
- _____ I have not served as a paid litigation consultant or expert witness in litigation involving a vaccine manufacturer.
- _____ I am not a county, state, or federal government employee who is paid with immunization funding.
- _____ I have not already received the *CDC Childhood Immunization Champion Award*.

I certify that each of the following statements is true. (Please initial on the line next to each statement.)

Since January 1, 2014 ...

- _____ ...I, my spouse, or any members of my immediate family (siblings and children) have not been employed by a vaccine manufacturer.
- _____ ...I have not held stock in a vaccine manufacturer.
- _____ ...I have not served in an advisory or consulting role (paid or unpaid) to a vaccine manufacturer.
- _____ ...I have not accepted and/or solicited funds from vaccine manufacturers.
- _____ ...I have not accepted honoraria or travel reimbursement with a funding source from a vaccine manufacturer for attendance at scientific meetings.

PRINT NAME OF NOMINEE _____

ADDRESS _____

SIGNATURE _____

DATE _____

Witness

PROJECT NAME: *CDC Immunization Champion Award*

TITLE _____

SIGNATURE _____

DATE _____

State Immunization Program Contact Information

► **Submit your nomination form and materials directly to your state immunization program.**

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WEST VIRGINIA

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WYOMING

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