



## **NOMINATE A COLLEAGUE FOR A NECHA AWARD**

Do you know an outstanding colleague who has made exceptional contributions to their students, institution, and the field of college health? If so, please consider nominating him or her for one of the following NECHA awards.

Individuals may be nominated by any member or member institution of ACHA and/or NECHA. Nominations should include background information about the candidate and submitted by letter or email by **August 1**. (See Nomination Forms below).

### **Submit nominations to:**

Bryant Ford, PhD  
Dartmouth College Student Health Center  
7 Rope Ferry Road #6143 Hanover, NH 03755  
or to [Bryant.Ford@dartmouth.edu](mailto:Bryant.Ford@dartmouth.edu)

## **NECHA President's Award**

This award recognizes the contributions to College Health by an individual working in the field from the states of Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, or Vermont. The individual selected should have made significant contributions to the students they serve as well as their institution, and the field of college health. The nominee should be a creative, innovative, dedicated leader and mentor, known for their sharing and caring. This award represents the highest recognition given by the New England College Health Association.

## **Louise Gazzara Award**

This award honors a college health nurse who has made outstanding contributions to NECHA, her/his college or university, and the profession. The award was originally established by CHAND (College Health Association of Nurse Directors) in 1992 to honor Louise Gazzara on the occasion of her retirement after 25 distinguished years as Director of Nursing at Tufts University. Louise was also a longstanding member of NECHA, serving as president in 1982, and ACHA. In 2000, NECHA assumed responsibility for the Louise Gazzara Award, continuing to use the criteria established by CHAND.



## 2009 President's Award Nomination Form

Name of Nominated Individual, Credentials:	
Position Title:	
Institution:	
Mailing Address:	
City	
State	
Zip Code	
Telephone:	
Email:	

Is the nominated individual (Please check all that apply):?

	Yes	No
Individual ACHA/NECHA member?	<input type="checkbox"/>	<input type="checkbox"/>
Employed at an ACHA/ NECHA member institution?	<input type="checkbox"/>	<input type="checkbox"/>

Years and capacity of service to college health, NECHA and/or ACHA:	
Significant contributions to the field of college health, NECHA and/or ACHA: Outstanding qualities of professional and personal character; significant professional accomplishments:	

Name of Nominator:	
Position Title:	
Institution:	
Mailing Address:	
City	
State	
Zip Code	
Telephone:	
Email:	

	Yes	No
Are you?...(please check all that apply)		
Individual ACHA/NECHA member?	<input type="checkbox"/>	<input type="checkbox"/>
Employed at an ACHA/ NECHA member institution?	<input type="checkbox"/>	<input type="checkbox"/>

If you wish to expand upon your comments regarding the nominated individual, feel free to attach a letter to your application.

**Submit by August 1, 2009 to:**

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 Dartmouth College Student Health Center  
 7 Rope Ferry Road #6143 Hanover, NH 03755  
 or to [Bryant.Ford@dartmouth.edu](mailto:Bryant.Ford@dartmouth.edu)



## Louise Gazzara Award Nomination Form

Name of Nominated Individual, Credentials:	
Position Title:	
Institution:	
Mailing Address:	
City	
State	
Zip Code	
Telephone:	
Email:	

Is the nominated individual (Please check all that apply):?

	Yes	No
Individual ACHA/NECHA member?	<input type="checkbox"/>	<input type="checkbox"/>
Employed at an ACHA/ NECHA member institution?	<input type="checkbox"/>	<input type="checkbox"/>

Years and capacity of service to college health, NECHA and/or ACHA:	
Significant contributions to the field of college health, NECHA and/or ACHA: Outstanding qualities of professional and personal character; significant professional accomplishments:	

Name of Nominator:	
Position Title:	
Institution:	
Mailing Address:	
City	
State	
Zip Code	
Telephone:	
Email:	

Are you?...(please check all that apply)	Yes	No
Individual ACHA/NECHA member?	<input type="checkbox"/>	<input type="checkbox"/>
Employed at an ACHA/ NECHA member institution?	<input type="checkbox"/>	<input type="checkbox"/>

If you wish to expand upon your comments regarding the nominated individual, feel free to attach a letter to your application.

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