

New York State Department of Health - AIDS Institute
World AIDS Day 2014 Commissioner's Special Recognition Awards

NOMINATION FORM

Person/Organization Making Nomination: _____

Phone: _____ Email: _____

Each year during World AIDS Day, a select number of individuals are honored for their work in the field of HIV/AIDS. The NYSDOH AIDS Institute is seeking nominations for **individuals committed to reducing new HIV infections among New Yorkers thus contributing to the state's plan to bring the AIDS epidemic to an end by 2020. This plan seeks to increase access to testing; and prioritize linkage and retention in care.**

Please nominate **one** individual to receive an award by completing the nomination form below. All responses **must be legible** and are due no later than **October 15, 2014**. Please email the completed form to worldaidsday@health.ny.gov or fax the completed form to 518-486-1315.

***An awards ceremony will be held on
Monday, December 1, 2014 at 2:00 pm
in the Empire State Plaza Convention Hall.
A networking reception will follow in Meeting Room 6.***

The person making a nomination will be notified if their nominee has been chosen to receive this award. If there are any questions regarding the nomination process, please send an email to worldaidsday@health.ny.gov or call 518-473-2903.

Criteria for nomination:

- Individual must demonstrate innovative interventions that promote access to HIV testing and engage people in care to minimize progression from HIV to AIDS.
- Individual who has never received a NYSDOH AIDS Institute World AIDS Day Commissioner's special recognition award.

NOMINEE

1. Individual being nominated: _____

2. Based on the criteria above, please use the next page to write a brief narrative about the nominee and their commitment to reducing new HIV infections among New Yorkers thus contributing to the state plan to end AIDS by 2020.

- What has this nominee done to qualify them for this award?
- How long has this individual been advocating for HIV/AIDS?
- What makes this individual's commitment particularly outstanding?

Narrative:

3. Are nominee and parent/guardian (if nominee is a minor under age 18) aware of the nomination for this award? Yes No

4. Nominee's name may be made public in connection with this event. Has nominee been informed and consented to be recognized publicly? (If applicable, do they have parent/guardian consent?)
 Yes No

Note: If the answer is "No", nominee and parent/guardian, if applicable, must be informed. Parent/guardian consent below must be obtained prior to submitting this nomination to the AIDS Institute.

Parent/Guardian Consent (if nominee is a minor):

The nature of this nomination has been reviewed by me and I hereby give my approval. I further grant permission for minor nominee to appear in person or in voice, or photographic presentation for radio, television or print media reports resulting from this recognition award.

Parent or Guardian Signature _____ Date _____

Parent or Guardian Name (Please Print) _____

AWARDEE TRAVEL GUIDELINES: Health Research, Inc. travel rules and regulations will apply. Travel must be in the most cost effective manner, i.e. train, bus or personal car with reimbursement for mileage, parking and tolls. AIDS Institute will contact awardee to arrange for travel.