



NMCHWA AWARDS

Name: _____
Program: _____
Address: _____
City: _____
Phone: _____ **Email:** _____
Nominee's Name: _____
Phone: _____ **Email:** _____

NMCHWA gives out the following awards annually during the CHW training conference. In 300 words or less, tell us why you feel the individual you are nominating should receive the award. (Accomplishments, work in the community, work with patients) Supporting material such as newspaper articles, letters of support from clients or supervisors, & action photo may be included with your nomination. You will be notified by email if your nominee was selected. Send nomination to NMCHWA P.O. Box 81433, Albuquerque, NM 87198 or email to nmchwa@yahoo.com

- 🏆 **Community Health Worker of the Year**
- 🏆 **Community Health Worker Lifetime Achievement**
(CHW for 10 years or more)
- 🏆 **Model CHW Program of the Year**
- 🏆 **CHW Advocate – Lifetime Achievement Award**
(Advocating on behalf of CHW Model)

Note: Contact B.J. Ciesielski (505) 255-1227 or 573-3311 for deadline information.