

The Annual Nebraska Rural Health Awards



Please select the award for which you are nominating an individual or team.

Outstanding Rural Health Practitioner Award

Outstanding Rural Health Achievement Award

Rural Health Distinctive Consumer Advocate Award

Nominee Name: _____

Address / City / State / Zip: _____

Phone _____ Email _____

Nominee's Organization: _____

Areas (towns, counties) affected by Nominee's work: _____

Please attach a one page description of the nominee's contribution to rural health care, accomplishments and the significance of this person's work. A biographical sketch should be attached. You may also attach news articles and other documentation to support this nomination.

Name of Person/Organization Submitting Nomination:

Name _____

Address / City / Zip: _____

Organization _____

Phone: _____ Email Address: _____

(**Awards will be presented at the Nebraska Rural Health Conference in April of each year)

Check the NERHA Website for Deadlines

Please send all nominations to:
Nebraska Rural Health Association
7160 South 29th St, Suite 6
Lincoln, NE 68502
ksmith@mwhc-inc.com