



CDC'S NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

2019 *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 Association of Immunization Managers (AIM) works with immunization managers and partners to effectively prevent and control vaccine-preventable diseases and improve immunization coverage in the United States and its territories.

The year 2019 will mark the eighth annual presentation of the CDC Childhood Immunization Champion Award. CDC and AIM 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 immunization among children 0-2 years old 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. The candidate cannot be involved in advocacy activities that are related to funding for immunizations.

Champions may include coalition members, parents, health care professionals (e.g., physicians, nurses, physician 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 8, 2019**. 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 an HHS consent waiver that must be printed, initialed, signed, and either emailed or mailed 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 **March 1, 2019**. CDC will review and confirm the recommendations and issue the awards.

Award Presentation and Recognition¹

- Awards will be announced April 27- May 4, 2019 in conjunction with National Infant Immunization Week (NIIW).
- Each awardee will receive a *CDC Childhood Immunization Champion Award*.
- *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.



2019 Childhood Immunization Champion Award Program



2019 Nomination Form

Please send nominations to the immunization program of the state or territory in which the nominee resides. The suggested deadline is February 8, 2019. However, immunization programs may have selected unique deadlines. Please contact the 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		Title	
Organization			
Address			
City		State	ZIP Code
Nominee Phone Number	Nominee Email		
Nominee Degree(s)/Credentials			
CDC and state immunization program promotion of award recipients may include outreach to print, radio and/or TV media outlets. If selected to receive the Champion award, are you willing to conduct interviews with media outlets?			YES NO
If selected to receive the Champion award, would you like to be added to the mailing list for CDC's quarterly childhood immunization partner e-newsletter?			YES NO

NOMINATOR INFORMATION

Nominator First and Last Name		Nominator Title
Organization		
PhoneNumber	Email	

AWARD SHIPPING INFORMATION

Champions will receive an award and congratulatory letter from the CDC and the Association of Immunization Managers (AIM).

These can be shipped directly to the award recipient, 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

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 been involved in introducing or passing legislation related to vaccine 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, 2018**:

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 been involved in introducing or passing legislation related to vaccine funding.

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 at least 342 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 email 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 342 pixels wide and less than 1 MB in size.

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 8, 2019**.

Program managers: Please submit the nomination packet, HHS consent waiver, photo, and resume of your selected *Champion* to IMZChamps@cdc.gov by **March 1, 2019**.

Please note that the Champion Award is not intended to imply CDC endorsement of individuals' commercial activity.

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 to complete this nomination; Notary not required.

I hereby grant to the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) the absolute and irrevocable right and permission to use, in perpetuity, my name, voice, image, likeness, and any and all attributes of my personality from photographic images, moving pictures, or videotaped images of me, with or without my voice, or in any audio tape in which I may be included in whole or in part or otherwise recorded, in connection with my experiences with vaccine-preventable diseases and/or immunization; and to reproduce, edit, exhibit, project, display, publish, perform, print, copy, broadcast, disseminate, license, or create derivative works of the same in all forms and media, including on the Internet, for any lawful government purpose, and to authorize others to do the same. I understand that portrait shots and other pictures of me may be used in CDC's internal and external written materials in relation to this activity, including on the CDC Internet site.

Without limitation as to time, I hereby waive all rights for compensation in connection with any and all rights and permissions given above. In addition, I hereby waive any right to inspect or approve the finished product or products made in connection with any and all rights and permissions given above, or the editorial, promotional, or printed copy or soundtrack that may be used in connection with the product or products, and any right that I may have to control the use over the product or products.

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, 2018

_____ 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 been involved in introducing or passing legislation related to vaccine funding.

_____ 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 _____