

Ron Nelson Award

NARHC Nomination Form

The Ron Nelson Award stands for Outstanding Leadership & Commitment to Rural Health Clinics in the U.S. This award is a fitting tribute to the life of Ron Nelson. Born in the rural community of Grant, Michigan, he was deeply concerned about underserved areas and their ability to recruit and retain quality medical personnel to the community. He was equally troubled by the limited access that rural communities had to both funding and medical services.

Recognizing the need to promote healthcare at the national level, Ron Nelson, P.A., co-founded and served as the first president of the National Association of Rural Health Clinics. Ron served two terms as President of the American Academy of Physician Assistants (AAPA), and was appointed by President George W. Bush to serve on the National Advisory Committee on Rural Health & Human Services. Ron was President of Health Services Associates and a recognized expert in the area of reimbursement and physician payment related to rural health clinics and federally qualified health centers. He also worked as a Physician Assistant for Spectrum Health Gerber Memorial and was on faculty for Central Michigan University's PA program.

Ron served on the National Advisory Committee on Rural Health & Human Services in the hope of developing programs that might heighten medical exposure to rural health settings. It is in this spirit that the Ron Nelson Award is given.

Ron Nelson Award Recipients:

NARHC Members should submit nominations by **June 30**. Nominees do not have to be NARHC Members. Email forms to contact@narhc.org. Questions, call 866-306-1961 x3. The award recipient will be announced during the NARHC Annual Meeting held at the Fall Conference in October.

NOMINEE INFO: (feel free to use an additional piece of paper to write more)

Nominee Name _____ **Phone** _____

Email _____ **Current Position** _____

Organization _____

Address _____

Educational background _____

Nominee's work experience _____

Summarize why the nominee should receive the award: _____

NOMINATOR INFO:

Your Name _____ Phone _____

Your Member RHC

Email Relationship to nominee

Address