

2013 Indian Health Partnerships Conference

Contract Health Services Recognition Awards

Partnerships 2013: Accessing Health Care Through the Affordable Care Act

The Indian Health Service Office of Resource, Access and Partnerships in conjunction with the Area Contract Health Services (CHS) Officers announce the nomination period for the 2013 CHS Recognition Awards. These awards acknowledge individuals and groups who exhibit personal and professional commitment to the delivery of quality healthcare services through the CHS Program for all American Indians and Alaska Natives.

The nomination period is open from July 15 to August 2; eligibility criterion and nomination forms are included. Recipients will be acknowledged during the 2013 Partnerships Conference scheduled for August 2013 in Denver, CO.

Eligibility

Eligible candidates are Federal and Tribal managers and staff who work in or support the CHS Program.

Award Category I (12 awards total, 1 recipient per Area)

Special Certificate of Recognition honors individual contributions to the CHS program as demonstrated by performance, commitment to excellence and dedication.

Award Category II (4 awards total, 1 per Priority)

Exceptional Support for Agency Priorities acknowledges individual or group efforts towards achieving the following IHS priorities:

1. To renew and strengthen our partnership with Tribes
2. To bring reform to the IHS
3. To improve the quality of and access to care
4. To make all our work transparent, accountable, fair, and inclusive

Award Category III (1 award)

Outstanding Achievement for a Team or Office recognizes dedicated service and significant contributions to CHS programs and activities.

Important Dates

Nomination Period: July 15 – August 2, 2013

Awards Presentation: August 2013

**2013 Indian Health Partnerships Conference
Contract Health Service Recognition Awards
Nomination Form**

I. Award Type:

Special Certificate
of Recognition

Exceptional Support
for Agency Priorities

Superior Achievement
for a Team or Office

II. Nominee Information:

Group Name:

Individual Name:

Title / Position:

Organization:

Address Line 1:

Address Line 2:

City, State, Zip:

Phone / Email:

Nominated by:

Phone / Email:

III. Accomplishments and Biography

On the attached page provide:

- A. Brief details narrative of the nominee's award justification
- B. Short biography

IV. Contact Information

Contact Felicia Roach in the Office of Resources, Access and Partnerships with any questions. Completed nomination forms must be received by Friday, August 2 in ORAP by first-class mail, electronic mail or facsimile.

ORAP / IHS
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Nominee Name:

III. Accomplishments and Biography

A. Provide a brief narrative of the nominee's award justification and accomplishments

B. Provide a short biography of the nominee.