



MEDAL OF
EXCELLENCE
A W A R D

American Association of Kidney Patients Medal of Excellence 2018 Nomination Form

The **American Association of Kidney Patients' (AAKP) Medal of Excellence** recognizes individuals who make significant contributions to the advancement and evolution of direct patient care; encourage the expansion of the patient engagement model within the renal community, and enhance the quality of life for kidney patients and their families.

This prestigious award program recognizes a variety of professionals within the health care team including: physicians, nurses, social workers, dietitians and dialysis technicians.

Award recipient(s) selected within their professional category will be recognized throughout 2018 during a series of events and patient program opportunities including:

- AAKP Events hosted in conjunction with professional meetings (additional information on these events to be provided once recipients are announced).
- Biographical article on career achievements featured in aakpRENALIFE (Association's national magazine).
- Speaking opportunity during an AAKP Patient Education Program (ex. National Patient Meeting, HealthLine webinar)

Attached is the official nomination form which must be completed in its entirety to be considered eligible. Please include the nominees **curriculum vitae** and any **supporting materials** that will enhance the overall nomination submission. **Nomination packets must be returned to AAKP by November 15, 2017.**

American Association of Kidney Patients
Attn: Medal of Excellence
14440 Bruce B. Downs Blvd.
Tampa, FL 33613

or

Fax: (813) 636-8122
Email: dclynes@aakp.org
Attn: Medal of Excellence

For additional information, please contact Diana Clynes, Director of Programs & Services, at (813) 400-2391 or dclynes@aakp.org

All nominations must be received by November 15, 2017 to be considered. All nominations are reviewed by a selection panel comprised of AAKP Medical Advisory Board members; Past Medal of Excellence recipients; and renowned leaders in the renal community (patient/professional).

American Association of Kidney Patients Medal of Excellence 2018 Nomination Form

Nominator Information:

Name: _____ Title/Credentials: _____

Employer: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone Number: _____ Email: _____

Nominee Information:

Name: _____ Title/Credentials: _____

Employer: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone Number: _____ Email: _____

Please select the health care profession category for which this nominee qualifies. (please mark)
Physician _____ Nurse _____ Social Worker _____ Dietitian _____ Technician _____

Is the nominee aware they are being nominated for this award? (please mark)
YES _____ NO _____ Unsure _____

Is there supporting material(s) submitted with this nominations? (please mark)
YES _____ NO _____

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Nomination Criteria: *Please answer all questions to demonstrate the nominee's excellence in all areas. Please be sure to indicate on the previous page the category for which this nominee qualifies.*

1. Describe how the nominee is participating/has participated in the development of educational programs (local/national) designed to enhance the patient/family understanding of renal disease and its social, emotional and physical impact.
2. Explain current and/or past research/activities the nominee has lead or participated in that has focused on improvement and/or use of the patient engagement model.
3. List the nominee's participation in patient education programs including, but not limited to, local and national teleconferences, seminars, conventions and patient education tools (brochures, articles, etc.)
4. Explain the nominee's participation in advocacy efforts focused on the development and/or continuation of evidence-based practices and standards of care to enhance overall quality of care.

5. Provide a summary of the nominee's involvement in additional activities including, but not limited to: fellow/student mentoring; patient mentor/support groups; academic teaching; local/national committees, membership organizations.

6. Additional supporting material(s) is acceptable and may accompany completed nomination form.