

American Association of Kidney Patients Medal of Excellence 2020 Nomination Form



MEDAL OF
EXCELLENCE
A W A R D

The **American Association of Kidney Patients' (AAKP) Medal of Excellence** is the highest honor for kidney healthcare professionals and is designed to elevate national and international figures who have been in the forefront of advancements in kidney care and patient empowerment. The award recognizes those who are committed to improving and extending the lives of all kidney patients through advocacy, research, technology and quality-driven treatments that protect patient dignity and fully align with patient aspirations.

This prestigious award program recognizes a variety of professionals within the healthcare team including: nephrologists, transplant surgeons, transplant professionals, nurses, social workers, dietitians and dialysis technicians.

Award recipient(s) selected within their professional category will be recognized throughout 2020 including:

- AAKP press release and announcements across Association's social media platforms and website.
- AAKP Event(s) hosted in conjunction with professional meetings (additional information on these events to be provided once recipients are announced).
- Spotlight article on career achievements featured in aakpRENALIFE (Association's national magazine).

The accompanying nomination form must be completed in its entirety to be considered eligible. Please include the nominee's **curriculum vitae** and any **supporting materials** that will enhance the overall nomination submission. **Nomination forms/materials must be returned to AAKP by November 31, 2019.**

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

or

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

For additional information, please contact Erin Kahle, Director of Stakeholder Operations at (813) 400-2393 or ekahle@aakp.org

All nominations must be received by November 31, 2019 to be considered. 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).

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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)

Nephrologist _____ Transplant Surgeon _____ Transplant Professional _____

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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of Kidney Patients



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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, overall, why you feel this nominee should be considered for the Medal of Excellence award?
2. Explain current and/or past research/activities the nominee has lead or participated in that have focused on improvement patient outcomes and supported quality of life measures.
3. List the nominee's participation in both professional and patient education programs including, but not limited to, local, National and International conferences, seminars, 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 and support patients pursuing their aspirations.

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.