WHO IS A HEALTH CARE HERO?
An individual, institution, professional, student, volunteer or program, who, through their individual or collective actions have made an extraordinary impact in the South Florida health care community. The nominee might be working in one of the following fields: biomedical, community health, education, private practice, government, public service or the news media.

Their acts of heroism represent a display of dedication to excellence in their area of expertise beyond the scope of their jobs. Through their commitment to their profession and community, they serve as an inspiration to others in an effort to improve the quality of health care and discover new ways to assist those in need.

I am nominating: (check one*)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Health Care Professional</td>
<td>Physician, Dentist, Health Care Administrator, Department Head, Allied Health Professional, Researcher, Academic, Inventor</td>
</tr>
<tr>
<td>□ Nurse</td>
<td>Nurse</td>
</tr>
<tr>
<td>□ Individual of Merit</td>
<td>Board Member, Philanthropist, Journalist, Government Official, Company or Foundation Executive, Community Leader, Volunteer</td>
</tr>
<tr>
<td>□ Organization/Program</td>
<td>Healthcare provider (for example, a hospital, nursing facility or physician practice), assisted living facility, homecare, government agency, school, foundation, association, bio-medical company, bio-science center, firm or other program addressing research, treatment or maintenance of physical or mental disease or wellness.</td>
</tr>
<tr>
<td>□ First Responder</td>
<td>Certified first responder, individual or service (fire, medical, police, military), that has made significant impact in South Florida for dedication, responsibility, professional behavior, special skill or insight in the Emergency Medical Services environment.</td>
</tr>
<tr>
<td>□ Youth Volunteer</td>
<td>Any student, under the age of 19, who voluntarily offers one’s services without solicitation or payment. A $1,000 SCHOLARSHIP WILL BE AWARDED TO THE WINNER OF THE CATEGORY</td>
</tr>
</tbody>
</table>

□ AXA Advisors Lifetime Achievement Award

The AXA Advisors Lifetime Achievement Award is designed to honor an individual, who, over his/her lifetime, has made a significant impact or changed history in the health care industry in South Florida showcasing an exemplary body of work of a long productive career. The winner of this award will be selected by the judges from all nominees submitted for this award and will be announced prior to the event.

* By checking off this box you elect to allow the judges the freedom to consider the nomination for a category other than the primary one indicated above.

Nominations must be received by 5:00 p.m., December 15, 2017 to be eligible for the award.
Winners will be honored at the Greater Miami Chamber of Commerce Health Care Heroes® Awards luncheon on May 15, 2018.

**NOMINEE:** (type or print)

Name:______________________________________________

Title:______________________________________________

Organization:_______________________________________

Address:___________________________________________

City:__________________________________________ State:________ Zip:________

Telephone:____________________________________ Fax:____________________

E-mail:__________________________________________

What is your relationship with nominee?__________________________

*Please submit the following:*

1. In a concise, bullet-point format, please provide the **TOP THREE REASONS** this nominee should be considered a Health Care Hero.

2. Attach a **BRIEF DESCRIPTION** (maximum of 750 words) of the nominee’s achievements and contributions. Explain how these achievements go above and beyond the scope of the nominee’s job. Your explanation of why your nominee should be called a Health Care Hero will be a primary consideration of the judge’s decision.

3. With reference to your nominee, attach to this application a list of activities, programs, in-kind contributions, etc. that directly benefited health care in South Florida. Provide **SUPPORTING INFORMATION** (up to 5 pages) to illustrate the involvement and any measurable results attributable to the contribution of the nominee. Please note: if supporting information exceeds 5 pages, your application WILL NOT be considered.

Your Name:______________________________________

Title:____________________________________________

Organization:______________________________________

Address:__________________________________________

City:__________________________________________ State:________ Zip:________

Telephone:____________________________________ Fax:____________________

E-mail:__________________________________________

*The information contained in this application will remain confidential and will be used solely for purposes of the award selection. A short description on the finalists will be printed in the newspaper and program. Materials submitted will become the property of the Greater Miami Chamber of Commerce.*

*Nominations must be received by 5:00 p.m., December 15, 2017 to be eligible for the award.*
If your nominee is not selected as a recipient this year, would you like them to be automatically considered as a nominee for the following year?

☐ Yes  ☐ No

I certify that the information submitted is true and correct to the best of my knowledge.

Nominator’s Signature

GUIDELINES / INFORMATION ON SUBMITTING ENTRIES

What you should know:

1. Three finalists, in each category, will be selected by a panel of judges. (Exception #1: The winner of the AXA ADVISORS LIFETIME ACHIEVEMENT AWARD will be selected by the judges from all nominees submitted for the AXA ADVISORS LIFETIME ACHIEVEMENT AWARD and will be announced prior to the event. Exception #2: The winner of the Youth Volunteer category will be selected by the judges from all nominees submitted for the Youth Volunteer category and will be announced prior to the event.)

2. Each category must have at least three nominations to qualify for the judging.

3. All nominees will be notified by mail that they have been nominated for a Health Care Heroes® Award.

4. All finalists will be a) notified by mail that they have been selected as a finalist, and b) will be asked to submit several photos (One portrait and 10 candid photos – alone or in a group, preferably pertaining to the nomination.) These photos will be used for the program as well as the video presentation to be shown at the Health Care Heroes® Awards luncheon.

5. If your nominee is selected as a finalist, YOU will be scheduled to appear on the video describing the qualifications, achievements and contributions of the candidate. The video shown at the Health Care Heroes® Awards luncheon will feature all finalists.

6. One winner in each category will be announced at the luncheon.

7. Nomination Forms and materials accompanying the nomination form will become the property of the Greater Miami Chamber of Commerce. A short description on the finalists will be printed in the newspaper and program.

8. DEADLINE FOR SUBMITTING ENTRIES: 5:00 p.m., December 15, 2017.

Return to:
Greater Miami Chamber of Commerce
Healthcare Committee
1601 Biscayne Boulevard, Ballroom Level
Miami, FL 33132
Attention: Tania Valenzuela
Tel: 305-577-5491
E-mail: tvalenzuela@miamichamber.com