

2026 Health Care Heroes Nomination

Nomination Form

1. Nominee Information *

Nominee First
Name:

Nominee Last
Name:

Nominee
Organization:

City

State

Nominee Title:

Years in current
organization

Length of time in
career:

Nominee Email
Address:

Nominee Phone
Number:

2. Categories of Recognition *

Physician

Nurse

Nurse Practitioner/Physician Assistant

Mental Health Provider/Advocate

Health Care Administrator

Advancement in Health Care Prevention

Health Care Educator

Home Care Worker

Volunteer

First Responder

Skilled and Assisted Living Facility of the Year- Recognizes the top skilled nursing and as

Urgent Care Operator of the Year- Recognizes an urgent care operator who has positive

Other

3. If you selected other in question 4, what is the category?

4. Education:

- List all Colleges/University(s) attended, degree(s), graduation year and honors

- Secondary School

5. Please share a story or situation that is reflective of how the organization/group or individual has gone above and beyond and showed dedication to their job and their responsibilities over the past year.

*

6. Please tell us why the contribution of this individual or organization stands out and has inspired others in the organization and the individuals/community that you serve.

*

7. Please tell us about their work ethic and habits.

*

8. Is there anything else to share about the nominee? *

9. Nominator Information *

Nominator First
Name:

Nominator Last
Name:

Nominator Title:

Nominator Company:

Nominator Email
Address:

Nominator Phone
Number:

Relationship to the
Nominee

(untitled)

10. Upload any additional supporting documentation. (i.e. resumes, references, letter(s) of recommendation etc.)

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