



## 2024 Immunization Champion Award Program

The Association of Immunization Managers (AIM) is a nonprofit membership association comprised of the directors of the 64 federally funded state, territorial, and local public health immunization programs. AIM members direct the public health efforts designed to keep children and adults vaccinated and protected against disease. AIM's mission is to establish a nation free of vaccine-preventable diseases.

### Award Criteria

The *Immunization Champion Award* will honor up to one *Champion* from each of the 50 U.S. states, the District of Columbia, six cities, and eight U.S. territories. This award recognizes individuals who are working at the local level. It honors those doing an exemplary job or going above and beyond to promote or foster immunizations in their communities, for both children and adults. When nominating and selecting their *Champion*, immunization programs will base their nominations on meeting one or more of the following criteria:

**Leadership:** The candidate is considered an authority on immunization in their community, medical system, or individual practice. Activities may include acting as a spokesperson, trainer, mentor, or educator.

**Collaboration:** The candidate has worked to build support for and increase immunization rates in adults and/or children. Activities may include establishing or strengthening partnerships, coalitions, committees, working groups, or others.

**Innovation:** The candidate has used creative or innovative strategies to promote immunization or address challenges to immunization in their practice, community, state, or region. Activities may include implementing new strategies and adapting existing strategies in new ways, such as reaching under-immunized populations.

**Advocacy:** The candidate is active in advancing policies and best practices to support immunization in adults and/or children in their community, state, or region.

*Immunization Champions* may include coalition members, parents, health care professionals (e.g., physicians, pharmacists, nurses, physicians' assistants, nurse practitioners, medical assistants), community activists, nonprofit leaders, and community-based organization members.

Immunization program managers, county, state, and federal government employees paid by state or federal immunization funding, individuals who have been affiliated with and/or employed by pharmaceutical companies, and those who have already received the award are not eligible to apply (see complete eligibility checklist on page 3).

### Process

Once the nomination period has ended, AIM will send all received nominations to their respective jurisdictions for review and selection of a Champion.

Nominations will be accepted from all 50 U.S. states, six cities, and eight U.S. territories and the District of Columbia. Nomination forms can be completed on the Champion Award webpage on the AIM website. Self-nominations are welcome. The Nomination Period opens **April 10, 2024, and closes May 28, 2024.**

The nomination form requires a photograph and a completed nomination narrative found on page 4. These items will be used for the promotion of selected *Immunization Champions*. The packet includes an HHS consent waiver that must be printed, initialed, signed, and either emailed or mailed with the nomination packet. Additional optional supporting materials may be submitted, including program materials, publications, news clippings, and website screenshots.

Immunization programs that choose to participate in the AIM Immunization Champion Award will evaluate all nominees and recommend one individual to receive the award based on the criteria listed above. Each jurisdiction will notify AIM of their selection by **June 28, 2024**. AIM will review and confirm the recommendations and issue the awards.

### Award Presentation and Recognition:

- Awards will be announced in early August, to celebrate National Immunization Awareness Month (NIAM).
- Each awardee will receive an Immunization Champion Award plaque.
- *Immunization Champions* and their accomplishments will be featured on the AIM and CDC websites.

Learn more online at <https://www.immunizationmanagers.org/championsaward>

## 1) Immunization Champion Award Eligibility and Criteria Checklist

### Eligibility Checklist

Each of the following statements must be true and checked off for this nominee to be considered eligible for the *Immunization Champion Award*:

- The nominee is not entitled to royalties or other compensation for a vaccine product or process patent.
- The nominee has not served as a paid litigation consultant or expert witness in litigation involving a vaccine manufacturer.
- The nominee is not a county, state, or federal government employee paid by state or federal immunization funding.
- The nominee has not been involved in introducing or passing legislation related to vaccine funding.
- The nominee has not already received the *CDC Childhood Immunization Champion Award*, *HPV is Cancer Prevention Award* or *Immunization Champion Award*.

Each of the following statements must be true and checked off for this nominee:

- The nominee, their spouse, or any members of their immediate family (siblings and children) have not been employed by a vaccine manufacturer.
- The nominee has not held stock in a vaccine manufacturer.
- The nominee has not served in an advisory or consulting role (paid or unpaid) to a vaccine manufacturer.
- The nominee has not accepted and/or solicited funds from vaccine manufacturers.
- The nominee has not accepted honoraria or travel reimbursement with a funding source from a vaccine manufacturer for attendance at scientific meetings.

### Award Criteria Checklist

*Immunization Champions* should meet one or more of the following criteria:

- Leadership:** The candidate is considered an authority on immunization in their community, medical system, or individual practice. Activities may include acting as a spokesperson, trainer, mentor, or educator.
- Collaboration:** The candidate has worked to build support for and increase immunization rates in adults and/or children. Activities may include establishing or strengthening partnerships, coalitions, committees, or working groups.
- Innovation:** The candidate has used creative or innovative strategies to promote immunization or address challenges to immunization in their practice, community, state, or region. Activities may include both new strategies and adapting existing strategies in new ways, such as reaching under-immunized populations.
- Advocacy:** The candidate is active in advancing policies and best practices to support immunization in adults and/or children in their community, state, or region.

Activities may include providing legislative testimony or promoting, analyzing, or evaluating policies.

## 2) Nominee Information

### NOMINEE INFORMATION

|                               |               |          |
|-------------------------------|---------------|----------|
| Nominee First and Last Name   |               | Title    |
| Organization                  |               |          |
| Address                       |               |          |
| City                          | State         | ZIP Code |
| Nominee Phone Number          | Nominee Email |          |
| Nominee Degree(s)/Credentials |               |          |

### NOMINATOR INFORMATION

|                               |       |                 |
|-------------------------------|-------|-----------------|
| Nominator First and Last Name |       | Nominator Title |
| Organization                  |       |                 |
| Phone Number                  | Email |                 |
|                               |       |                 |

### AWARD SHIPPING INFORMATION

Please provide a shipping address for the award recipient. Please provide the contact's name and the address where the award should be shipped (deliveries cannot be made to P.O. boxes).

|                     |       |          |
|---------------------|-------|----------|
| First and Last Name |       |          |
| Organization        |       |          |
| Address             |       |          |
| City                | State | ZIP Code |
| Phone Number        |       |          |

### 3) Nomination Narrative Form

Please provide concrete examples of how the nominee goes above and beyond to promote or foster immunizations in their community. Describe how this nominee meets one or more of the award criteria on page 2. **(Maximum 250 words)**

Please describe the impact of this nominee's work. **(Maximum 250 words)**

Please describe any specific experiences that led the nominee to become a passionate *Champion* for immunization. **(Maximum 250 words)**



## Instructions for Submitting the Nomination Materials

**Step 1** Complete all fields in the nomination packet electronically (preferred) or in a hard copy.

**Step 2** Complete the HHS consent waiver, found on the next page, by certifying each statement with initials and signing the completed form:

- Print out the HHS consent waiver.
- Have the nominee initial the line before each statement certifying that it is true.
- Have the nominee print their name and sign the document.
- Have a witness sign the document.
- Submit waiver with nomination form on Champion Award webpage.

**Step 3** Submit a clear color photo as a .png or .jpg.

**Step 4** Submit the completed nomination packet and photo on the Champion Award webpage by **May 28, 2024**.

**AIM members:** Please submit the nomination packet, HHS consent waiver, and photo of your selected *Immunization Champion* to [champions@immunizationmanagers.org](mailto:champions@immunizationmanagers.org) by **June 28, 2024**.

Please note that the Immunization Champion Award does not imply CDC endorsement of individuals' commercial activity.



Association of  
Immunization  
Managers

## IMMUNIZATION CHAMPION AWARD CONSENT WAIVER

*NOTE: Witness signature is required to complete this waiver, although the witness does not have to be a notary.*

I hereby grant full permission to the Department of Health and Human Services (HHS), Association of Immunization managers (AIM), and the Centers for Disease Control and Prevention (CDC), to use, reproduce, publish, distribute, and exhibit my name, picture, portrait, likeness, voice, quote, or any written information regarding my experiences with vaccine-preventable diseases and/or immunization or any or all of them in or in connection with the production of still photographs, written materials or Internet/intranet/extranet posting, a television tape or film recording, soundtrack recording, motion picture film, in any manner for training, education, and other purposes. I understand that professional portraits and other pictures of me may be used in AIM and CDC's internal and external written materials, including the AIM and CDC websites.

Without limitation as to time, I hereby waive all rights for compensation in connection with the use of my name, picture, portrait, likeness, voice, quote, or any written information regarding my experiences with vaccine-preventable diseases and/or immunization or any or all of them, or in connection with said AIM and CDC internal and/or external written materials, or intranet/extranet/Internet posting, television tape or film recording, soundtrack recording, motion picture film, still photograph, in whole or in edited form and any use to which the same or any materials therein may be put, applied, or adapted by the United States Government and others in the health field.

I certify that each of the following statements is true:

**Please initial on the line next to each statement:**

- \_\_\_\_\_ I am not entitled to royalties or other compensation for a patent on a vaccine product or process.
- \_\_\_\_\_ I have not served as a paid litigation consultant or expert witness in litigation involving a vaccine manufacturer.
- \_\_\_\_\_ I am not a county, state, or federal government employee who is paid with immunization funding.
- \_\_\_\_\_ I have not already received the *Immunization Champion Award*.

I certify that each of the following statements is true.

**Please initial on the line next to each statement:**

- \_\_\_\_\_ I, my spouse, or any members of my immediate family (siblings and children) have not been employed by a vaccine manufacturer.
- \_\_\_\_\_ I have not held stock in a vaccine manufacturer.
- \_\_\_\_\_ I have not served in an advisory or consulting role (paid or unpaid) to a vaccine manufacturer.
- \_\_\_\_\_ I have not been involved in introducing or passing legislation related to vaccine funding.
- \_\_\_\_\_ I have not accepted and/or solicited funds from vaccine manufacturers.
- \_\_\_\_\_ I have not accepted honoraria or travel reimbursement with a funding source from a vaccine manufacturer for attendance at scientific meetings.

PRINT NAME OF NOMINEE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PROJECT NAME: *Immunization Champion Award*

PRINT NAME AND TITLE OF WITNESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_