25th Annual Diabetes Professional Conference Awards Program

### Recognizing Healthcare Professionals who are Impacting Diabetes Care and Prevention in Montana

As a part of the annual diabetes professional conference sponsored by the Montana Diabetes Program and the Montana Association of Diabetes Care and Education Specialists (ADCES), the Montana Diabetes Program is creating an annual awards program to recognize healthcare professional of all levels across the state who are working in the area of diabetes care and education and diabetes prevention. Through these awards we want to recognize those healthcare professionals and/or organizations who are supporting positive change and making an impact to their communities and patients who are at risk for or living with diabetes. The Montana Diabetes Program has established five award categories and criteria for each of these awards, and they recipients will be recognized and award on Thursday, October 20, 2022, during the 25th Annual Diabetes Professional Conference.

The award categories include:

* **Advancing the Vision in Quality Care Award** – This award recognizes an individual, team/group, or organization who have implemented a program or project that advance the care or improves outcomes for people who are at risk for or are living with diabetes.
* **Organizational Leadership in Diabetes Care and Prevention Award** – This award recognizes a team/group, organization, or business who has demonstrated significant leadership, innovation, and service in the area of diabetes care and education and diabetes prevention.
* **Lifestyle Coach of the Year Award** – This award recognizes a National Diabetes Prevention Program (DPP) Lifestyle Coach who has made an impact through their commitment, innovation, and delivery of the National Diabetes Prevention Program across Montana.
* **Distinguished Service Award** – This award recognizes an individual or healthcare professional who has demonstrated exemplary dedication, and support to improving the quality of their patients’ lives through their work in diabetes care, education, and diabetes prevention.
* **Rising Star Award** – This award recognizes an individual or healthcare professional working in the area of diabetes care and education and prevention who has less than 5 years of experience and has demonstrated a commitment, support, and leadership within their field of work.

For each of these awards, we have provided a more detailed description within the document that give specific details on what the award entails, eligibility, application criteria and the submission process. Please review this information prior to submitting your nomination to ensure you have completed all of the requirements. The award application can be found on pages 2 – 5, and the award descriptions are on pages 6 -10

25th Annual Diabetes Professional Conference

2022 Awards Nomination Form

**Submission Deadline: September 30, 2022, by 5:00 PM MST**

# Overview

Please refer to the individual award descriptions for specific application information required for each of the awards. Each application must include:

* Completed application
* Description of why the nominee should be considered for the award (*See individual award criteria for specific details of what needs to be included in the description)*
* CV or Resume (if required)
* Letter(s) of Support (if required)

Completed applications and supplement information needs to be submitted by no later than **September 30, 2022, by 5:00 PM MST**. If you have questions regarding the award details, specific requirements or the application please reach out to Melissa House, Diabetes Program Manager at [melissa.house@mt.gov](mailto:melissa.house@mt.gov) or (406) 444-9154.

# Award Information

Please select which award you are completing the application for:

Advancing the Vision in Quality Care Award  Organizational Leadership Award

Lifestyle Coach of the Year  Distinguished Service Award  Rising Star Award

***NOTE: If you are submitting an application for more than one award, please complete an individual application for each award.***

# Nominee Information

Please select if this is an individual, group/team or organization nomination. Fill out the information that correlates with the type of nomination.

Individual  Team/Group  Organization

## Individual:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Team:

Organization team/group is associated with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide the following for each team member:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title/Role** | **Phone** | **Email** |
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## Organization:

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Nominator Information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are nominating an individual, group, and/or organization, what is your relationship to the nominee?

Co-worker  Professional Colleague  Community Member/Organization

Past Program Participant  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# nomination description

**Please share why you are nominating this individual, team, or organization for this award. (*See award descriptions for details on what should be included*).**

# Attachment Checklist:

Please include any supplemental information required for each award. These can be included as attachments.

Completed application

Description of why the nominee should be considered for the award (*See individual award criteria for specific*

*details of what needs to be included in the description)*

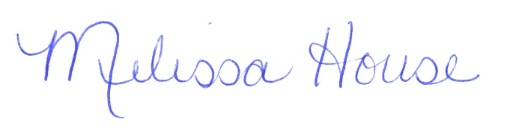
CV or Resume (if required)

Letter(s) of Support (if required)

# Application Submission

Completed applications and supporting materials must be submitted by **September 30, 2022, by 5:00 PM MST.** All applications must be complete to be considered. Please provide as much detail as possible when filling out the application and supplemental information.

Applications can be submitted to Melissa House, Diabetes Program Manager via email or fax. Within 24 hours of receipt of application an email will be submitted to the nominator confirming receipt. If you have not received an email that we have received your application, please reach out via email.



Melissa House, Diabetes Program Manager

Phone: 406-444-9154

Email: [melissa.house@mt.gov](mailto:melissa.house@mt.gov)

Fax: 406-444-7465

# Advancing the Vision in Quality Care Award

## Award Description

Recognizes an individual, team/group, or organization who have implemented a program or project that advance the care or improves outcomes for people who are at risk for or are living with diabetes.

## Award

Recipient(s) will be recognized at the 25th Annual Diabetes Professional Conference with a plaque and will receive a free registration for the 26th Annual Diabetes Professional Conference. For Advancing the Vision Quality Care there will be a total of **2 awards**.

## Eligibility

Applicants/nominees for this award can be an individual, team or organization who is working in the area of diabetes care and education and/or diabetes prevention and has implemented a program or project within the **past 12 months** that is focused on diabetes care and/or prevention aimed at advancing care or improving outcomes for people with diabetes or prediabetes.

Applicants/nominees may include but is not limited to Lifestyle Coaches, Diabetes Care and Education Specialists (DCES), Providers, Nurses, Pharmacists, Health Systems/Clinics, Pharmacies, etc.

## Criteria

Candidates for this award may be nominated by a peer/colleague, organization, past participant in the program/project or self-nomination. The nominator/applicant for the Advancing the Vision in Quality Care Award must provide a description of the program or project that was implemented within the past 12 months.

* This description should include:
  + goals and objectives,
  + program needs,
  + implementation methods,
  + challenges and how they were overcome,
  + successes,
  + plans for sustainability, and
  + how the program or project aims will advance care and/or improve outcomes for people with diabetes or prediabetes

## Application Process

The nominator/applicant must complete the application and description of the program or project that was completed by the nominee. Completed applications and supporting materials must be submitted by **September 30, 2022.** All applications must be complete to be considered. Please provide as much detail as possible when filling out the application.

Please submit questions and completed applications to Melissa House, Diabetes Program Manager, [melissa.house@mt.gov](mailto:melissa.house@mt.gov) or via fax: 406-444-7465.

# Organizational Leadership in Diabetes Care & Prevention Award

## Award Description

Recognizes an organization, team or business who has demonstrated significant leadership, innovation, and service in the area of diabetes prevention and management.

## Award

Recipient(s) will be recognized at the 25th Annual Diabetes Professional Conference with a plaque and will receive a free registration for the 26th Annual Diabetes Professional Conference. For Organizational Leadership in Diabetes Care and Prevention there will be a total of **1 award**.

## Eligibility

Applicants/nominees for this award can be an organization, a team within an organization or a business who had demonstrated leadership and service through their work in the areas of diabetes prevention and diabetes management.

## Criteria

Candidates for this award may be nominated by a peer/colleague, organization, past participant, or self-nomination. The nominator/applicant for the Organizational Leadership in Diabetes Care and Prevention Award must provide a description of the organization, team, or business and how they have demonstrated leadership, innovation and service to individuals who are at risk for developing or have diabetes.

This description should include:

* an overview of the organization, team, or business
* a description of activities and outcomes that have been implemented and how these activities are being sustained
* a description of important milestones and collaborations or partnerships with internal/external groups or departments that have impacted their work
* how patients needs are being addressed with the work the organization, team or business is completing

## Application Process

The nominator/applicant must complete the application and description the work the organization had done in the area of diabetes prevention and/or management. Completed applications and supporting materials must be submitted by **September 30, 2022.** All applications must be complete to be considered. Please provide as much detail as possible when filling out the application.

Please submit questions and completed applications to Melissa House, Diabetes Program Manager, [melissa.house@mt.gov](mailto:melissa.house@mt.gov) or via fax: 406-444-7465.

# Lifestyle Coach of the Year

## Award Description

Recognizes a National Diabetes Prevention Program (DPP) Lifestyle Coach who has made an impact through their commitment, innovation, and delivery of the National Diabetes Prevention Program across Montana.

## Award

Recipient(s) will be recognized at the 25th Annual Diabetes Professional Conference with a plaque and will receive a free registration for the 26th Annual Diabetes Professional Conference. For Lifestyle Coach of the Year there will be a total of **1 award**.

## Eligibility

Applicant/nominee must:

* be a certified Lifestyle Coach for at least five (5) years
* have delivered at least 3 cohorts during that time period
* be employed or contracting with a recognized (by the CDC) DPP provider organization
* be actively participating in the Diabetes Network provided by the Montana Diabetes Program

## Criteria

Candidates for the Lifestyle Coach of the Year award may be nominated by a peer/colleague, past participant of the program or by self-nomination.

The nominator/applicant must collect:

* A minimum of 2 letters of support from a professional colleague or past participant of the program other than the nominator. The letter(s) of support should include:
  + How you know the nominee
  + Why are you supporting the nominee for the Lifestyle Coach of the Year Award
  + How the nominee has made an impact in the area of diabetes prevention through their commitment, innovation, support, and delivery.

## Application Process

The nominator/applicant must complete the application and submit a minimum of 2 letters of support from a professional colleague or past participant of the program. Completed applications and supporting materials must be submitted by **September 30, 2022.** All applications must be complete to be considered. Please provide as much detail as possible when filling out the application.

Please submit questions and completed applications to Melissa House, Diabetes Program Manager, [melissa.house@mt.gov](mailto:melissa.house@mt.gov) or via fax: 406-444-7465.

# Distinguished Service Award

## Award Description

Recognizes a healthcare professional who has demonstrated exemplary dedication, and support to improving the quality of their patients’ lives through their work in diabetes prevention and management.

## Award

Recipient(s) will be recognized at the 25th Annual Diabetes Professional Conference with a plaque and will receive a free registration for the 26th Annual Diabetes Professional Conference. For Distinguished service there will be a total of **1 award**.

## Eligibility

Applicants/nominees for this award will be recognized for their commitment and support to improving the outcomes for people with diabetes or who are at risk for developing diabetes. Applicants/nominees will need to have **a minimum of ten (10) years’ experience** in the field of diabetes prevention and/or management.

## Criteria

Applicants/nominees must submit a CV or resume along with two (2) letters of recommendation, from a co-worker, and/or professional colleague, which will include:

* How the colleague knows the nominee.
* Why you are supporting the nominee for the Distinguished service award.
* Examples of how the nominee has worked with their patients, through collaboration, implementation of a strategy or intervention, to create behavior change that has resulted in improved outcomes.

## Application Process

The nominator/applicant must complete the application and provide two (2) letters of recommendation showing how the nominee has made an impact to their patient’s outcomes. Completed applications and supporting materials must be submitted by **September 30, 2022.** All applications must be complete to be considered. Please provide as much detail as possible when filling out the application.

Please submit questions and completed applications to Melissa House, Diabetes Program Manager, [melissa.house@mt.gov](mailto:melissa.house@mt.gov) or via fax: 406-444-7465.

# Rising Star Award

## Award Description

Recognizes an individual working in the area of diabetes care and education or prevention who has less than 5 years of experience in this field and has demonstrated a commitment and leadership within their area of practice.

## Award

Recipient(s) will be recognized at the 25th Annual Diabetes Professional Conference with a plaque and will receive a free registration for the 26th Annual Diabetes Professional Conference. For the Rising Star Award there will be a total of **1 award**.

## Eligibility

Nominee/Applicant must be working the area of diabetes care and education or prevention and:

* have **less than five (5) years’ experience** in this field
* has demonstrated commitment and leadership in his/her area of practice

## Criteria

Applicants may be nominated by a peer/colleague or by self-nominations. Applicants must be early in their career with less than five years in their field of diabetes prevention and management. The nominator/applicant for the Rising Star award must describe how they have demonstrated a commitment and leadership within the area of diabetes prevention and care.

The description/letter of support should include how the nominee is:

* using new and innovate approaches within their work around diabetes care, education, and prevention
* working creatively in applying current and new clinical practices
* demonstrating leadership skills and commitment to their area of service
* fostering community and clinical collaborations/partnerships

## Application Process

The nominator/applicant must submit an application, a CV or resume and one (1) letter of support, from a professional colleague other than the nominator and a CV or resume for the nominee. Completed applications and supporting materials must be submitted by **September 30, 2022.** All applications must be complete to be considered. Please provide as much detail as possible when filling out the application.

Please submit questions and completed applications to Melissa House, Diabetes Program Manager, [melissa.house@mt.gov](mailto:melissa.house@mt.gov) or via fax: 406-444-7465.