

AcademyHealth 2010 HSR Impact Award Nomination Packet

Nomination Instructions

Your nomination must include:

- Summary describing the research used, the translation approach, and the impact on policy and/or practice (no more than 500 words; do not include charts, appendices, or attachments)
- Letter of recommendation from the principal user of this research (see below for requirements), specifically describing the impact of the research on policy and/or practice (no more than 500 words; only one letter is permitted)
- Nomination form with contact information for the following individuals:

1. Nominator

The nominator will be contacted:

- to confirm the application has been received.
- to supply any missing information.
- when the selection committee has identified the winner.

2. Lead Researcher (*can be the same person as the nominator*)

If selected, AcademyHealth will work with this individual to disseminate information on his/her work or the work of their team.

3. User of Research (*can be the same person as the nominator, but must NOT be the lead researcher*)

As a user of the nominated research, this person must submit a letter describing the impact the research has had on policy and/or practice.

Selection Criteria

Each nomination will be evaluated on:

- Quality of research;
- Effectiveness of research dissemination and translation approach; and
- Impact of the research.

Only complete nominations that comply with the application instructions will be reviewed. Nominations must be received at AcademyHealth by Wednesday, July 29 2009.

Please return completed application to:

AcademyHealth
Attn: Patrick Burbine
1150 17th Street, NW, Suite 600
Washington, DC 20036
Fax: 202.292.6800
awards@academyhealth.org

**AcademyHealth 2010
HSR Impact Award**

Nomination Form

Title of Nominated Research: _____

Nominator: _____
Title: _____
Dept.: _____
Institution: _____
Address: _____

Telephone: _____ **Fax:** _____
E-mail: _____

Lead Researcher: _____
Institution: _____
Telephone: _____ **E-mail:** _____

User of Research: _____
Institution: _____
Telephone: _____ **E-mail:** _____