## Purpose:

1. To express appreciation and gratitude for the contributions, dedication, and sacrifices of Community Health Aides/Practitioners (CHA/Ps). Nominated CHA/Ps should exemplify the essence of the Community Health Aide Program and demonstrate a positive influence through their service to patients, the community, or a particular cause.
2. For statewide acknowledgment of the efforts of individual CHA/Ps and to spotlight the ongoing challenges and bravery of "Health Aides" as a distinctive and courageous group of healthcare professionals.

## Guidelines:

1. CHA/Ps eligible for awards must be employed by a Tribal Health Organization (THO) past or present in good standing.
2. Anyone within and external to the Community Health Aide Program can nominate a CHA/P for an award.
3. The Shining Star Awards Review Committee of the Association of Alaska CHAP Directors is tasked with choosing the top candidate for each category from the pool of eligible nominations.

**Award Definitions:**

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| Rising Star |
| A rising star is a health aide that has been employed under three years who demonstrates excellence in their role by delivering exceptional patient care, has somehow improved the healthcare delivery system, and/or enhanced the level of care in their community. |
| Shining Star |
| A Shining Star is a Health Aide that has been employed for 3 or more years and has demonstrated excellence in their role by continuously delivering exceptional patient care, has somehow improved the healthcare delivery system, and/or enhanced the level of care in their community. |
| North Star  |
| A North Star Award is given to a Health Aide who has demonstrated leadership or outstanding supervision in their position. They have demonstrated service and excellence in their role by continuously delivering exceptional service to their patients, organizations and community. |
| Setting Star |
| A Setting Star is presented in memoriam to the Health Aide that has provided a vital community service and has passed away this past year. All nominations will be recognized. Please provide a biography and photograph(s) of the nominee (if available). |

**Note:** The "Outstanding Accomplishments Award" has been discontinued because it is challenging to choose one recipient/group among the many heroic events in “Health Aide” services. Moving forward, more efforts will be made to recognize these events throughout the year.

## Nomination Form Details:

* This form allows nominators to recognize the contributions and dedication of CHA/Ps, celebrating their impact on patient care and community health.
* Click on the text box, highlight text to replace. Click on check box to select.
1. **Nominee Information:**
* **Name of CHA/P:** [Name of CHA/P nominee.]
* **Indicate CHA/P Level:**

 [ ] CHA I [ ] CHA II [ ] CHA III [ ] CHA IV [ ] CHP

1. **Employing Tribal Health Organization:** [THO that employs/employed the CHA/P.]
2. **Choose One Award Category Selection for the Nominee:**

 [ ] Rising Star [ ] Shining Star [ ] North Star [ ] Setting Star

1. **Why do you recommend this CHA/P for an award?**

[Provide specific details and examples demonstrating how the nominee meets the award criteria. Additional sheets may be attached if needed.]

1. **Contact Information:**
* **Name:** [Name of the person submitting the nomination.]
* **Phone:** [Phone number for contact if there are any questions about the nomination.]
* **Email:** [Email address for contact.]
* **Mailing Address:** [Mailing address for contact.]

**Additional Information:**

* **Nomination Period**: 9/16/2023 – 9/15/2024
* **Nomination Deadline:** September 15, 2024
* **Submission:** Send the completed form AND photograph(s) of nominee to the CHAP Director of the nominee's THO.
* **Awards Presentation:** The Shining Star Awards will be presented at the annual statewide Integrated Health Aide Awards Ceremony on November 6, 2024.Bottom of Form
* For additional nomination forms and information, visit [www.akchap.org](http://www.akchap.org)