



Annual Clinical Excellence Award 2024

Purpose:

Recognize an individual clinician for outstanding achievement in promoting clinical excellence among FQHCs and FQHC look-alikes in Region IX

Rationale:

- Reaffirm the WCN as one of the leading advocacy organizations for clinicians in Region IX, whose mission is to promote management and leadership development of current and future Community Health Center clinical leaders through peer networking and education.
- Provide a vehicle to recognize the role of clinicians in community health centers in providing leadership and clinical excellence
- Engage executive directors and PCA's in supporting the WCN
- Improve morale and retention of clinicians working in community health centers

Eligibility:

- Any licensed health professional eligible for membership in the WCN
- Must be an employee, volunteer or licensed contractor for an FQHC, FQHC look-alike, or a primary care community or free clinic
- Must operate in the jurisdiction of the US Public Health Service Region IX: Arizona, California, Hawaii, Nevada, and the Pacific Basin jurisdictions of Palau, the Federated States of Micronesia, Guam, the Marshall Islands, American Samoa and the Commonwealth of the Northern Mariana Islands (Saipan, Rota)
- Does not hold an office on the WCN Board of Directors (President, Vice-President, Secretary or Treasurer)

Criteria:

- Has promoted clinical excellence and leadership in the management, development or operations of an FQHC or FQHC look-alike
- Has developed innovative approaches to improving the health of the underserved
- Has demonstrated excellence in the establishment or improvement of a model of service for the underserved
- Is recognized by peers and community as a leader by demonstrating professionalism, commitment and passion for the quality of care of the underserved



Nomination Process:

- Nominations will be solicited through the communications and activities of the WCN and accepted no later than **Friday, April 19, 2024**.
- The candidate may be nominated by any individual or organization with an interest and investment in the care for the underserved including a community board, PCA, consortium, ED, clinician.
- The nomination is accomplished by submitting a completed standardized form (Page 3 of this document) developed and provided by the WCN Board of Directors and which will include a delineation of the accomplishments and detail contacts and references of the nominee
- All nominations must be emailed to:

Kokaale Amissah-Aidoo, Chief Staff Officer

kaidoo@cpc.org

Ph. 916.440-8170

Selection:

- The Nomination Committee shall be responsible for the selection of the recipient and will be comprised of Board and General Members of the WCN
- The Nomination Committee will review the merits of each nomination and call on any references and resources it deems necessary to facilitate and support its evaluation
- The Chair person of the Nomination Committee or the President of the Board will make appropriate notification of the award and arrangements for its presentation

Award:

- The individual shall be awarded a plaque presented by the Western Clinicians Network
- The WCN will take photographs of the presentation and post a short bio and summary of the recipient's accomplishments on the WCN website and in the quarterly newsletter
- The Award will be presented at the WCN Annual Luncheon, concurrent with the Region IX Clinical Leadership and Excellence Conference at Phoenix, AZ June 9 – 11, 2024.
- WCN will reimburse registration, transportation expenses up to \$1,000 and lodging at the conference venue.

Instructions:

Please complete this form to nominate a person demonstrating clinical excellence. This information will be held confidential and will be used by the WCN Board of Directors to evaluate the nominee. Your specific and concise description will allow an initial assessment to be made. Please attach any additional information such as letters of support or articles that may be helpful to the Committee. Further information may be sought from the nominator if necessary.



Nominator:

Name:

Phone:

E-Mail:

Facility and Title of Nominator:

Relationship to Nominee:

Nominee:

Name:

Facility:

Nominee Phone:

Nominee Address:

Nominee E-Mail:

Share why you have nominated this candidate in a few words. Highlight any projects or services they have been integral to:

References:

Please provide the name, title, address, email and contact numbers for others who might be able to provide corroborative or additional information on this nomination.



Person/Project/Service Description:

Please submit additional pages, letters, articles or other supporting documentation as deemed necessary to support your candidate. You may copy and paste the information here, or submit it as additional attachments when submitting this form.
