Idaho Rural Health Heroes  
Nomination Form

**Nominator Contact Information**

Name: Title:

Organization: City/Town:

Email: Phone:

**Description of Nominee**

Community Member Practitioner Clinic Hospital Other:

**Rural Health Hero Contact Information**

Name: Title:

Organization: City/Town:

Email: Phone:

**Area of Recognition**

Advocacy Communication Education Collaboration Innovation

**Your reason for nominating the Idaho Rural Health Hero (please include examples of their work):**

**Is there anything else you would like to mention about your nominee?**

Return to: Idaho Rural Health Association at idahorha@gmail.com