

AFHTO 2025 “Bright Lights” Award Nomination Form Template

1. Select the award category:

Select the theme category that best fits with the content of your nomination. [Click here](#) for conference theme descriptions.

- ☐ 1. The Constellation of Primary Care
- ☐ 2. Governing with Integrity: Navigating Conflict, Power, and Accountability
- ☐ 3. Rebuilding the QI Muscle: Data, Action & Impact
- ☐ 4. Digital Tools, Human Care: Innovation with Purpose
- ☐ 5. Growing Great Teams: Building Culture, Retaining Talent, and Transforming Care Through Collaborative Learning
- ☐ 6. Meeting Needs, Advancing Equity: The Power of Comprehensive, Patient-Partnered Care

2. Achievement to be recognized (i.e., brief title):

3. Brief description of the achievement and why it merits recognition (100 words or less):

4. Describe the actions taken and evidence available to demonstrate how the nominee recognized and addressed the needs of their local population (100 words or less)

5. Describe the evidence available to demonstrate the impact of this achievement.

Quantitative or qualitative data will be accepted as appropriate for the achievement being recognized.
(100 words or less)

6. What is the nominee doing to sustain this achievement and continue to improve in this area? (100 words or less)

7. To what extent does this achievement offer other teams new learning, processes and/or resources that can lead to improvement? (100 words or less)

8. Describe action taken by this nominee to spread this achievement more broadly (i.e., mentoring others, presentations to others, publications, etc.). (100 words or less)

9. We are considering a Bright Lights poster section to provide greater exposure for nominees. Would you like to participate?

- Yes
- No
- Maybe

10. Supporting Documents

Please submit all supporting evidence and materials together in a single package. Accepted file formats include PDF, DOC, and JPG. You may also use the additional fields below to upload any extra documents. Note: Maximum file size is 16MB.

Choose File

Contact Information**10. Nominator Information (person submitting the nomination):**

First Name	
Last Name	
Job Title/ Role	
Organization	
Email Address	
Phone Number (optional)	
Relationship to Nominee (e.g., colleague, supervisor, partner)	

11. Nominee Information:

Name of organization and/or individual	
Contact person for nominee	
Phone Number	
Email Address	

When you're ready, go to: <https://www.surveymonkey.com/r/SRMK9M7>