



**Hostel 3: Mashkikii Odanohkiik Kabayshewekamik Community Health Care Champion**

**Nomination Form**

**Nominator Information**

Last Name:	First Name:	Email:
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**Nominee Information**

Last Name:	First Name:	Middle Initial:
Mailing Address:	Community:	Postal Code:

If Nominee is Deceased, Please Provide Next-of-Kin Contact Information:

Phone #:	Email Address:
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**Please detail how the nominee is a healthcare champion in your community:**

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**Please Note:**

A photo of the nominee will be required with submission or will be requested during the selection process.	There will be a selection process in place to identify the Community Health Care Champions. Not all submissions will be selected.
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