Leland Gayheart Prevention Award Nomination Form

To the Nominating Committee: It is a pleasure to submit the following for consideration for the Leland Gayheart Prevention Award.

Submitted by (Print or type only please):

Name: __________________________  Title: __________________________

Department Name: _____________________________________________

Address: ______________________________________________________

Email: _________________________________________________________

City: ___________________  State: _______  Zip: _________________

Phone: ___________________  Fax: _____________________________

Program Name: ________________________________________________

Name of Program Educator: ______________________________________

Attach a program synopsis explaining the basic program structure and outcomes. The synopsis must be typed, double-spaced and not to exceed five pages. It must contain the following:

1. Paragraph describing the program and the problem it addresses
2. List of organizations/individuals that have collaborated in the program’s design and/or implementation
3. Paragraph describing the essential elements of the strategy for implementing the program
4. Brief summary of the program's outcomes
5. Sample of educational/support materials used in the program—optional

Fax, mail, or email to:

Attention: Leland Gayheart Award Committee
University of Michigan Trauma Burn Center
Injury Prevention Team
1500 E. Medical Center Drive, 1C435-UH
Ann Arbor, MI 48109-5033
Office: (734) 232-3814
Fax: (734) 232-3833
Email: kribro@med.umich.edu

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