



*MASBHC Annual Susan Borinsky Outstanding School-Based Health Center
Nurse Clinician Award*

Please Print or Type

Date: _____

Name of Nominee: _____

Address: _____

_____ Zip _____

Email Address: _____ Phone Number: _____

School-Based Health Center: _____

Employer: _____

Name of Person Making Nomination: _____

Address: _____

_____ Zip: _____

Email Address: _____ Phone Number: _____

Nomination Criteria: The nominee must **NOT** be identified by name in the materials submitted. The nominee's name may only appear on this Nomination Form. Nominations that do not follow this anonymous format will not be considered. Please keep your essay to 500 words or less. Please submit a photograph of the nominee with this Nomination Form.

Attach this *Nomination Form* to the supporting materials and email to masbhc@gmail.com
Maryland Assembly on School-Based Health Care
Attn.: Awards Committee