



leland gayheart prevention award



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 or mail 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) 232-3815
 Fax: (734) 232-3833