



Washington State Hospital Association
Community Health Leadership Award

2010 NOMINATION FORM

Organization or Health System Nominated _____

City _____

Your Name _____

Your Contact Information: _____

How does your organization, or the one you nominate, identify your community's health needs?

What innovative actions did the organization take to address those identified needs?

How are the changes working; what are the results of the actions?

****Organizations that are currently represented on the WSHA Hospital Governing Boards Committee are not eligible.**

Please return form by Friday, August 27, 2010 to Deborah Swets, V.P., Washington State Hospital Association, 300 Elliott Avenue West, Suite 300
Seattle, WA 98119-4118 or FAX (206) 577-1900.