



This award is presented by the Ohio Association of Free Clinics (OAFC) to recognize a member free clinic whose new innovation in patient care practice has led to significant improvement in their clinical practices in helping to meet the healthcare needs of the working poor and uninsured. It is our hope that this successful innovation will provide a model for other free clinics to follow.

One recipient may be selected each year and will be recognized at the OAFC Annual Conference. Our first recipient was Jefferson County Fourth Street Health Center in 2011.

The recipient will be selected based on careful review of the following (weighted) criteria as related to an OAFC member clinic:

- 1. <u>Creativity</u>: How is this patient care initiative new or different? What makes it stand apart from traditional practices?
- 2. Time: When was this initiative adopted? (must be in the past 3 years)
- 3. <u>Impact on Patients</u>: How has this patient care initiative saved time or increased efficiency in the free clinic? How has this initiative solved an unmet need?

Anyone may nominate a clinic for the "Innovation in Free Clinic Patient Care Award."

For questions about the application, please contact OAFC Education Committee Co-Chairs Susan Labuda Schrop, at sschrop@neomed.edu, or Sharon Sherlock, at sharon.sherlock@wright.edu. Nominations will be reviewed by the OAFC Education Committee and confirmed by the OAFC Board of Directors. All nominations must be typed and submitted to:

Sheila Fox, Event Coordinator Ohio Association of Free Clinics 118 Graceland Blvd. #189 Columbus, Ohio 43214 Phone: (614) 547-2160

Email: sfox@eventinsite.com

Nominations must be received by 5:00 pm, August 31, 2012 by US mail or email.

OAFC expects to make its decision by September 12th so that arrangements can be made for the recipient to attend at the 13th Annual Ohio Free Clinic Conference, October 8 & 9, 2012 at the Embassy Suites in Dublin, Ohio. The award will be presented at the Awards Luncheon on Tuesday, October 9th.

In order to be considered, the nomination must be typed and provide the following information in this order:

I. Information to identify the NOMINEE:

Clinic Name Address City, State, Zip Phone (day) Phone (evening) Email Contact Person

II. Reasons for Nomination

Please provide a response for <u>each</u> criterion listed below. Additional paper for these statements may be used, <u>but please limit your response for each criterion to one page</u>, double-spaced.

- 1. <u>Creativity</u>: How is this patient care initiative new or different? What makes it stand apart from traditional practices?
- 2. Time: When was this initiative adopted? (must be in the past 3 years)
- 3. <u>Impact on Patients</u>: How has this patient care initiative improved patient care in the free clinic? How has this initiative solved an unmet need?
- III. Information to identify the NOMINATOR:

Name Address City, State, Zip Phone Email

IV. You are welcome to submit supplemental information including newspaper articles, letters of support, etc.

Thank you for your time in helping OAFC identify **Innovative Practices in Patient Care!**