

program practices

Submission Form

# Immunization Program Practices Information

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| **Name**: *(as you want it to appear publicly)* ­­­­­­­­­­­­­­­­­­­ |  |
| **Email address**: |  |
| **Program**: *(as you want it to appear publicly)* |  |

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| **Does AIM have permission to share this information on the publicly accessible AIM website?** *All materials submitted will be posted on the AIM website.* | \_\_Yes \_\_No |

# Bull’s-Eye Award

The **Bulls-Eye Award for Innovation and Excellence in Immunization** recognizes immunization strategies that “hit their mark” and achieve immunization goals with special consideration for practices that are innovative and easily replicated. Each year, AIM awards three programs the Bull’s-Eye Award. Only those practices with activities that are **currently ongoin**g or **concluded during** **2017** (including implementation, follow-up, and/or evaluation activities) will be considered for the award.

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| **Would you like for this submission to be considered for the 2018 AIM Bull’s- Eye Award?** | \_\_Yes \_\_No |

# Program Practice Information

**Title**

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**Keywords** (up to5main terms/phrases that describe the practice)

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| **Is this practice Evidence / Guideline Based?** *(if yes, please include reference below)* | \_\_Yes \_\_No |
| ***Reference:*** | |

**Background** (scope of the immunization need or problem)

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**Program Practice Description**

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| *Describe the practice goals and objectives*. |
| *What were the main implementation activities*? |
| *Where and when did the practice take place*? |
| *How much staff time was involved*? |
| *What were the costs associated with the activity? What was the funding source*? |
| *Identify the target population that the practice affected*. |
| *If partners were involved, include who was involved, and how*. |

**Timeframe of Implementation (Start and Stop Dates)**

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| **Evaluation Data: Was the implementation and/or effectiveness of this practice assessed?** *(if “yes” or “limited,” provide any data that is available)* | \_\_Yes \_\_No \_\_Limited |
| ***Data:*** | |

**Conclusions / Lessons Learned / Key Factors for Success**

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**Check if any of the following are being submitted to complement your submission:**

*(All materials will be posted on the AIM website)*

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| \_\_Testimonials  \_\_Quote from partner/participant  \_\_Sample of materials produced  \_\_Press release  \_\_Promotional materials | \_\_Project photo(s)  \_\_Publication (e.g., news story, journal article)  \_\_Video/audio clip  \_\_Website URL  \_\_Tables or graphs  \_\_Other — Explain: |

**\*\*Email the completed form to Mary Waterman (**[**mwaterman@immunizationmanagers.org**](mailto:mwaterman@immunizationmanagers.org)**) with the subject line “Program Practices Submission.”**