

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****) with the subject line “Program Practices Submission.”**