



Fill this out online at:

<http://APHAdvocates.org/SchuelerAward/application.asp>

### ■ Section I: About the Award Nominee

Name  Company Name

Location

Email  Phone  APHA Member #

*The Award requires at least 2 years of active advocacy experience with at least one of those years in private practice as a client-paid advocate.*

How many years TOTAL has the Nominee been working as a patient advocate?

How many years has the Nominee been in practice as a client-PAID advocate?

### ■ Section II: About You (if you are not the Nominee)

*If you are nominating yourself, you may skip to Section III, Nomination Information.*

Name  Company Name

Email  Phone  APHA Member #

Relationship to Nominee

Does the Nominee know you are submitting this application?  Yes  No

## ■ Section III: Nomination Information

Required for all applications, whether you are the Nominee or the Nominator.

Prior to becoming an advocate, did the nominee have clinical experience (as a nurse, physician or other medical title)?

No, no clinical experience.

Yes. Describe the experience or the title:

Examples: RN, MD, LPN, CNA or a

*Please choose 4 of the following attributes and give examples of how the Nominee's work showcases these attributes. (Maximum 200 words per attribute.)*

**Empowerment**

Cite 2 examples of how Nominee helped patients or caregivers make their best choices by empowering them with the information they needed to make fully-informed decisions for themselves. (e.g. helping them review treatment options or choose health insurance).

**Inclusion**

Provide 1-2 examples of how the Nominee has demonstrated that patient-clients of all ages, races, ethnicity, sexual orientation or socio-economic status have a right to engage with a health or patient advocate or navigator.

**Integrative, Evidence-Based Approach**

Cite 2 examples of the types of materials and or research resources the Nominee has provided to clients that are part of the published literature, and, where appropriate, integrative in nature (combination of traditional, complementary and/or alternative).

**Continuous Learning**

Provide 1-2 examples of how the Nominee improved his/her own skills through continuing education, taking courses, volunteerism—activities undertaken to expand capabilities and/or knowledge in a new direction.

**Sharing and Mentoring**

Provide 1-2 examples of how the nominee has helped other advocates and navigators improve their knowledge of the field and/or expand their capabilities.

**Community Visibility**

Provide 1-2 examples of times when the nominee has created awareness of health and patient advocacy by speaking to groups, appearing in the press, participating in social media—activities focused on being an ambassador for the profession.

**Section IV: References**

*Please provide name, location, phone number and email address for one client reference, and one professional reference who will be willing to speak about the Nominee's work with them. They will not be asked medical questions. They will be asked about their experience working with the Nominee, his or her professionalism, and why they believe the Nominee should win the Schueler Compass Award. Be sure to contact them ahead of time so they will not be surprised when they are contacted by someone on the selection committee.*

Please check the box signifying that each reference has been notified that they may hear from a member of the committee.

Client Reference Name  Phone   
Email  Location

Professional Reference Name  Phone   
Email  Location

*Finally, are there any other attributes you feel the selection committee should know about? Other information that should be considered for this Nominee?*

(maximum 200 words)