

California Immunization Coalition **Ronald P. Bangasser, MD Immunization Leadership Award** was established in 2008 to honor the dedication and service of Dr. Bangasser (1950-2007), who was a leader in the California Adult Immunization Coalition.

Often a national spokesperson on influenza issues and a vigorous advocate for immunization, he served as Chair of the California Adult Immunization Coalition from 2003 to 2007 and served four years as a speaker for the Centers for Disease Control and Prevention/American Medical Association National Flu Vaccine Summit. Dr. Bangasser’s extensive clinical experience as a family practitioner brought an important dimension to his educational, quality improvement, and advocacy work in the immunization arena.

This award is presented at the California Immunization Coalition Summit to a practicing clinician who exemplifies the leadership, professionalism, and commitment that Dr. Bangasser brought to his work in promoting immunizations.

# Criteria for Nomination

Nominees must be a practicing clinician (e.g. physician, pharmacist, physician assistant, nurse, or nurse practitioner) who

* Has provided community leadership on immunization issues
* Has been a pioneer in the delivery of immunizations (i.e., registry champion; advanced immunization-related quality improvement; developed or promoted innovative strategies for immunizing patients)
* Has been a visible immunization champion in a community and/or medical system by acting as spokesperson, advocate, and/or educator
* Has been an advocate for policy and legislative advancements

The CIC Board of Directors designates a committee to review nominations and select the awardees(s).

Nomination Form

Name of Nominee (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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E-Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person submitting nomination (Required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe how the nominee (s) has contributed to the field of immunization and why the nominee(s) meets the criteria for this award. Please limit comments to no more than 500 words.