



## 2026 Immunization Champion Award Program

### About AIM

The Association of Immunization Managers (AIM) is a nonprofit member organization that uplifts and supports the leaders of state, local, and territorial immunization programs. AIM members direct the public health efforts designed to keep children and adults vaccinated and protected against disease. AIM's mission is to establish a nation free of vaccine-preventable diseases.

### Award Criteria

The *Immunization Champion Award* will honor up to one *Champion* from each of the designated immunization jurisdictions, which includes 50 U.S. states, seven cities, the District of Columbia, and eight U.S. territories/freely associated states. This award recognizes individuals who are working at the local level. It honors those doing an exemplary job or going above and beyond to promote or foster vaccinations in their communities, for both children and adults. When selecting their *Champion*, immunization programs will base their decision on the nominees meeting one or more of the following criteria:

**Leadership:** The candidate is considered an authority on immunization in their community, medical system, or individual practice. Activities may include acting as a spokesperson, trainer, mentor, or educator.

**Collaboration:** The candidate has worked to build support for and increase immunization rates in adults and/or children. Activities may include establishing or strengthening partnerships, coalitions, committees, working groups, or others.

**Innovation:** The candidate has used creative or innovative strategies to promote immunization or address challenges to immunization in their practice, community, state, or region. Activities may include implementing new strategies and adapting existing strategies in new ways, such as reaching under-immunized populations.

**Advocacy:** The candidate is active in advancing policies and best practices to support immunization in adults and/or children in their community, state, or region. The candidate cannot be involved in advocacy *activities related to funding for vaccinations*.

*Immunization Champions* may include coalition members, parents, health care professionals (e.g., physicians,

pharmacists, nurses, physician assistants, nurse practitioners, medical assistants), community activists, nonprofit leaders, and community-based organization members.

See complete eligibility checklist on page 2

### Process

Immunization programs will coordinate the nomination and review process. Nominations will be accepted in all the designated immunization jurisdictions, which includes 50 U.S. states, seven cities, the District of Columbia, and eight U.S. territories/freely associated states. Nomination forms should be completed and submitted to the immunization programs of the jurisdiction in which the nominee resides. Self-nominations are welcome.

The nomination form requires a photograph and a completed nomination narrative found on page 4. These items will be used for the promotion of selected *Immunization Champions*. The packet includes a consent waiver that must be signed and emailed with the nomination packet. Additional optional supporting materials may be submitted, including program materials, publications, news clippings, and website screenshots.

Immunization programs will evaluate all nominees and recommend one individual that will receive the award based on the criteria listed below. Each jurisdiction will notify AIM of their selected champion by **June 4, 2026**. AIM will review and confirm the recommendations and issue the awards.

### Award Presentation and Recognition

- Award winners will be announced in early August, to celebrate National Immunization Awareness Month (NIAM).
- Each awardee will receive an Immunization Champion Award plaque.
- Immunization Champions and their accomplishments will be featured on the AIM and the Center for Disease Control and Prevention (CDC) websites.

Learn more online at <https://www.immunizationmanagers.org/championsaward>

## 1) Immunization Champion Award Eligibility and Criteria Checklist

### Eligibility Checklist

Each of the following statements must be true for this nominee to be considered eligible for the *Immunization Champion Award*:

- The nominee is not an employee of the jurisdiction's immunization program.
- The nominee, their spouse, or any members of their immediate family (siblings and children), are not currently employed by pharmaceutical companies.
- The nominee is not entitled to royalties or other compensation for a vaccine product or process patent.
- The nominee is not currently serving as a paid litigation consultant or expert witness in litigation involving a vaccine manufacturer.
- The nominee has not served in an advisory or consulting role (paid or unpaid) to a vaccine manufacturer.
- The nominee has not been involved in introducing or passing legislation related to vaccine funding.
- The nominee does not hold stock in a vaccine manufacturer.
- The nominee has not accepted and/or solicited funds from vaccine manufacturers.
- The nominee has not accepted honoraria or travel reimbursement with a funding source from a vaccine manufacturer for attendance at scientific meetings.
- The nominee has not already received the CDC Childhood Immunization Champion Award or Immunization Champion Award.

### Award Criteria Checklist

*Immunization Champions* should meet one or more of the following criteria:

- Leadership:** The candidate is considered an authority on immunization in their community, medical system, or individual practice. Activities may include acting as a spokesperson, trainer, mentor, or educator.
- Collaboration:** The candidate has worked to build support for and increase immunization rates in adults and/or children. Activities may include establishing or strengthening partnerships, coalitions, committees, or working groups.
- Innovation:** The candidate has used creative or innovative strategies to promote immunization or address challenges to immunization in their practice, community, state, or region. Activities may include both new strategies and adapting existing strategies in new ways, such as reaching under-immunized populations.
- Advocacy:** The candidate is active in advancing policies and best practices to support immunization in adults and/or children in their community, state, or region. Activities may include providing legislative testimony or promoting, analyzing, or evaluating policies.

## 2) Nominee Information

### NOMINEE INFORMATION

Nominee First and Last Name		Title
Organization		
Address		
City	State	ZIP Code
Nominee Phone Number	Nominee Email	
Nominee Degree(s)/Credentials		

### NOMINATOR INFORMATION

Nominator First and Last Name		Nominator Title
Organization		
Phone Number	Email	

### AWARD SHIPPING INFORMATION

The award plaque can be shipped directly to the selected award recipient or another contact at the immunization program if the program would like to present the award personally. **Please provide the contact's name and address where the award should be shipped** (deliveries cannot be made to P.O. boxes).

First and Last Name		
Organization		
Address		
City	State	ZIP Code
Phone Number		

### 3) Nomination Narrative Form

Please provide concrete examples of how the nominee goes above and beyond to promote or foster immunizations in their community. Describe how this nominee meets one or more of the award criteria on page 2. **(Maximum 250 words)**

Please describe the impact of this nominee's work. **(Maximum 250 words)**

Please describe any specific experiences that led the nominee to become a passionate champion for immunization. **(Maximum 250 words)**

### Instructions for Submitting the Nomination Materials

**Step 1:** Complete all fields in the nomination packet electronically (preferred) or in a hard copy.

**Step 2:** Complete the consent waiver, found on the next page, by signing the completed form: Have the nominee print their name and sign the document.

**Step 3:** Submit a clear color photo as a .png or .jpg.

**Step 4:** Submit the completed nomination packet, consent waiver, and photo to the immunization program of the state/territory in which the nominee resides.

*Please note that the Immunization Champion Award does not imply CDC endorsement of individuals' commercial activity.*

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION | ATLANTA, GA 30333  
CDC/NCIRD IMMUNIZATION CHAMPIONS  
CONSENT WAIVER

**NOTE: Witness signature is required to complete this nomination, although the witness does not have to be a notary.**

I hereby grant full permission to the Department of Health and Human Services, Association of Immunization managers (AIM) and the Centers for Disease Control and Prevention (CDC), to use, reproduce, publish, distribute, and exhibit my name, picture, portrait, likeness, voice, quote, or any written information regarding my experiences with vaccine-preventable diseases and/or immunization or any or all of them in or in connection with the production of still photographs, written materials or Internet/intranet/extranet posting, a television tape or film recording, soundtrack recording, motion picture film, in any manner for training, education, and other purposes. I understand that portrait shots and other pictures of me may be used in AIM and CDC's internal and external written materials, including the CDC Internet site.

Without limitation as to time, I hereby waive all rights for compensation in connection with the use of my name, picture, portrait, likeness, voice, quote, or any written information regarding my experiences with vaccine-preventable diseases and/or immunization or any or all of them, or in connection with said AIM and CDC internal and/or external written materials, or intranet/extranet/Internet posting, television tape or film recording, soundtrack recording, motion picture film, still photograph, in whole or in edited form and any use to which the same or any materials therein may be put, applied, or adapted by the United States Government and others in the health field.

I certify that each of the following statements is true:

**Please initial on the line next to each statement:**

- \_\_\_\_\_ I am not entitled to royalties or other compensation for a patent on a vaccine product or process.
- \_\_\_\_\_ I have not served as a paid litigation consultant or expert witness in litigation involving a vaccine manufacturer.
- \_\_\_\_\_ I am not an employee of the jurisdiction's immunization program.
- \_\_\_\_\_ I have not already received the *CDC Childhood Immunization Champion Award*.

I certify that each of the following statements is true.

**Please initial on the line next to each statement:**

**Since January 1, 2020**

- \_\_\_\_\_ I, my spouse, or any members of my immediate family (siblings and children) have not been employed by a vaccine manufacturer.
- \_\_\_\_\_ I have not held stock in a vaccine manufacturer.
- \_\_\_\_\_ I have not served in an advisory or consulting role (paid or unpaid) to a vaccine manufacturer.
- \_\_\_\_\_ I have not been involved in introducing or passing legislation related to vaccine funding.
- \_\_\_\_\_ I have not accepted and/or solicited funds from vaccine manufacturers.
- \_\_\_\_\_ I have not accepted honoraria or travel reimbursement with a funding source from a vaccine manufacturer for attendance at scientific meetings.

PRINT NAME OF NOMINEE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Witness**

PROJECT NAME: *Immunization Champion Award*

TITLE \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*This project is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of Cooperative Agreement 5 NH23IP922658-03-00. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.*