



Program Practices Submission Form

IMMUNIZATION PROGRAM PRACTICE INFORMATION

Name: *(as you want it to appear publicly)*

Email address:

Program: *(as you want it to appear publicly)*

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 **Bull's-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. Programs may submit more than one initiative; however, they may identify THREE initiatives for consideration for the Bull's Eye Award. Only one Bull's Eye Award may be won per program.

Would you like for this submission to be considered for an AIM Bull's-Eye Award?

Yes

No

PROGRAM PRACTICE INFORMATION

Title

Keywords (up to 5 main terms/phrases that describe the practice)

Is this practice Evidence / Guideline Based? *(if yes, please include reference below)*

Yes

No

Reference:

Background (scope of the immunization need or problem)

PROGRAM PRACTICE DESCRIPTION

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)

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

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

(All materials will be posted to the AIM website)

- | | |
|---|--|
| <input type="checkbox"/> Testimonials | <input type="checkbox"/> Project photo(s) |
| <input type="checkbox"/> Quote from partner/participant | <input type="checkbox"/> Publication (e.g., news story, journal article) |
| <input type="checkbox"/> Sample of materials produced | <input type="checkbox"/> Video/audio clip |
| <input type="checkbox"/> Press release | <input type="checkbox"/> Website URL |
| <input type="checkbox"/> Promotional materials | <input type="checkbox"/> Tables or graphs |
| | <input type="checkbox"/> Other – Explain: _____ |