**2024 CDC TB Elimination Champions Project**

**I. Criteria and Nomination Requirements**

The CDC TB Elimination Champions recognizes organizations and individuals who have made meaningful contributions to end TB in their communities. TB adversely affects groups that have historically experienced greater obstacles to health, and efforts to eliminate TB must reach those who are at [higher risk](https://www.cdc.gov/tb/topic/populations/default.htm). In recognition of the way organizations and individuals have adapted to the changing landscape and the important role they have played in addressing health equity are seeking nominations that reflect the important contributions that individuals, TB survivors, agencies, organizations, and partners have made to eliminate TB, and/or

To complete a 2024 CDC TB Champions nomination, please complete the nomination form, submit a photo, and answer the following questions (**100 words per submission):**

1. Describe how the nominee(s) has worked to eliminate TB in their community.
2. What impact have these efforts made in the community?

**II. Nomination Submission Process**

**Between now and February 16, 2024:**

* Submit via **email**to **tbinfo@cdc.gov**, including:
* Completed nomination form
* Photo or video (along with the names of individuals included)
* Photo Release Form(s)

AND/OR

* Submit via **social media** using the hashtag #TBEliminationChampion
	+ - Post your answers to any of the prompts above along with a photo or video on Facebook or Twitter. Remember to tag CDC TB by using @CDC\_TB on Twitter and @cdctb on Facebook.
		- We will then reach out via direct message to share the Photo Release Form and next steps

If you have any questions, please contact **tbinfo@cdc.gov.**

* Photo Requirements
* Photo Release Form: please complete and include with submission via email.
* For group nominations, consider a photo collage or a screenshot of a group on a video conferencing platform
* Types of Image Files: JPEG (or JPG) – Joint Photographic Experts Group or PNG – Portable Network Graphics

Nomination Package Checklist (please be sure to include both):

\_\_\_\_ Nomination Form \_\_\_\_ Submission Photo

**Centers for Disease Control and Prevention 2023 TB Elimination Champion Challenge Nomination Form**

1. Nominee Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E‐Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization social media handles: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Nominator Information (Those who are self-nominating do not need to complete this section.)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E‐Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe how the nominee(s) has worked to eliminate TB in their community. **(50 word limit)**
2. What impact have these efforts made in the community? **(50 word limit)**

1. Name(s) of people listed in the photo

Submit completed nomination form and additional materials to **tbinfo@cdc.gov** by **February 16, 2024**. If you have any questions, please contact **tbinfo@cdc.gov**.