

Application

mHealth Initiative

2010 Awards for Nursing Innovation

using Mobile Technology in Clinical Practice

Deadline for mHealth Initiative's receipt of application: July 31, 2010.

Step 1: Identify one or more categories that relate to your submission

- Patient education
- Communication (e.g., patient-practitioner, practitioner-practitioner)
- Collaboration (among clinicians)
- Telehealth
- Mentoring
- Clinical mApps for hospitals
- Clinical mApps for long-term care
- Clinical mApps unique to a device
- Other (Specify _____)

Step 2: In the box below, complete a 250-word abstract that describes your innovative adoption of mHealth by addressing the following 5 areas:

- Objectives for the Project
- Setting
- Population
- Results
- Conclusion

Step 3: Complete demographic information below:

Name _____

Title _____

Organization _____

Mailing address _____

Office telephone _____

Cell phone _____

Email address _____

Website (if applicable) _____

Step 4: Review and sign Applicant Agreement and Terms and Conditions below.

**Applicant Agreement and Terms and Conditions
mHealth Initiative 2010 Awards for Nursing Innovation**

By submitting this application and signing below, I declare that I or the organization with which I am associated and have the authority to bind, own all rights, title, and interest in such portions that are subject to copyright or similar protection under applicable United States and foreign laws. Where such rights have been vested in another entity, I have obtained written permission from such entity to submit such materials to the mHealth Initiative for its use in connection with the mHealth Initiative 2010 Awards for Nursing Innovation ("2010 mHI Awards") program, and I have enclosed a copy of that written permission. I have read, understand, and agree to the **Terms and Conditions** for the 2010 mHI Awards and I understand the requirements and my commitments. I declare that the information supplied in this entry form is accurate and correct.

Terms and Conditions

mHealth Initiative Inc. ("mHI") retains the right to use any information that I or my organization submits to participate in the 2010 mHI Awards program for promotional purposes, editorial coverage, demonstration purposes, and pre/post-event promotion.

mHealth Initiative takes pride in its neutral and unbiased judging process for its Awards program and takes care in selecting the panel of independent judges. mHI management and employees do not participate in the judging process except to provide administrative support.

Names of judges are not released prior to announcement of their determinations. Should an applicant become aware of one or more judges' identities in advance of the 2nd mHealth Networking Conference, then the applicant agree not to attempt to

influence that judge or judges, directly or indirectly. Similarly, because judges are required not to release information on how they judged specific applications, the applicant agree not to seek such information directly or indirectly.

An individual or organization that has submitted its intent to participate in the mHI Awards program must complete and submit the Awards entry application and any required additional information/materials for mHI's receipt by July 31, 2010.

By participating in the mHI Awards program, an individual and/or organization agrees to submit to the judging process and to accept the resultant decisions, as well as all terms and conditions contained herein. The decisions of the judges will be final in all respects, including, without limitation, all decisions regarding eligibility, compliance with terms and conditions for applicants, judging, criteria verification of finalists and honors designations, award recognition, and the general administration of the program.

By submitting an application an individual and/or organization agrees to indemnify and hold harmless mHealth Initiative, its affiliates, agents, contractors, officers and employees, including Award judges, with respect to any and all liability, loss or damages or expenses whatsoever, including, without limitation, liability for use of publicity materials or damage to reputation, liability for infringement of copyright or other proprietary rights, occurring as a result of the Awards judging and selection process. The individual and/or company agree not to disparage mHealth Initiative or any of its agents, affiliates, or employees, in a personal or professional manner or to take any action which may adversely affect the goodwill of mHealth Initiative³, its agents, affiliates or employees.

Electronic transmissions

I agree that the transactions contemplated in this agreement may be conducted by electronic means and in electronic form as contemplated in Massachusetts General Laws ch. 110G, the Uniform Electronic Transactions Act.

Name and Title _____

Company Name: _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____

Authorized Signature _____ Date _____

(If submitting electronically, enter name by keyboard.)

Step 5: Submit completed form as follows for mHI receipt by July 31, 2010:

- electronically by clicking [here](#)
- by email to awards@mobih.org
- by fax to 617-670-0708
- by mail to:

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Boston MA 02116