



Association of
Immunization
Managers

AIM Bull's-Eye Award for Innovation and Excellence in Immunization 2024 Nomination Process – Reviewer Form

Name of Reviewer: _____

PEER REVIEW EVALUATION

To assist in the scoring and to ensure that reviewers are as consistent as possible, please score each submission on the basis of the following parameters:

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| Name of Program | | | | | | | | | |
| Background (5 points) | | | | | | | | | |
| Program Practice Description (5 points) | | | | | | | | | |
| Effectiveness of practice (20 points) | | | | | | | | | |
| Conclusions/lessons learned/key factors (10 points) | | | | | | | | | |
| Potential for Replication (20 points) | | | | | | | | | |
| Innovation (40 points) | | | | | | | | | |

PEER REVIEW RANKING

Please rank the order of the top 3 submissions from 1 – 3 (1= best submission)

| Rank | Program Submission Name |
|------|-------------------------|
| 1. | |
| 2. | |
| 3. | |

DUE October 14, 2024, to mpereira@immunizationmanagers.org