



2017 Kathleen LeBeau Patient Empowerment Award

Kathleen LeBeau was the public policy and patient services for the Northeast Kidney Foundation. She was also a home dialysis patient and nationwide patient advocate, acting as the voice for patients across the country. In addition to her work with the Northeast Kidney Foundation, Kathe was involved with groups including the Renal Support Network, the American Association of Kidney Patients, Home Dialysis United, and served on various committees for United Network for Organ Sharing. She was also a Patient Representative for IPRO, the End State Renal Disease Network. She testified for patient rights at both the state and federal levels, and was called on frequently to lend her expertise to various panels for both clinical professionals and patient advocacy organizations.

Diagnosed with kidney disease right before her 50th birthday, Kathe was a perfect example of not letting kidney disease be WHO you are. She lived her life with a positive and upbeat attitude and instilled this positivity in all she met. She touched countless lives and her death on March 17, 2014 was felt by the kidney community nationwide.

The Northeast Kidney Foundation in order to honor Kathe's legacy, established the Kathleen Lebeau Patient Empowerment Award to be presented each year at the Albany Kidney Walk and 5K run. The award seeks to recognize a patient, who like Kathe, symbolizes a passion for patient awareness, public and social responsibility, commitment and drive for the betterment of patients as well as personal empowerment. The first recipient of this award was Rick Raspante, a patient from Glens Falls who embodies all of these qualities. The fourth annual award will be presented on Sunday June 11, 2017. Nominations are now being accepted. Please use the information below to submit your nomination. Entries must be received by May 15, 2017.

Your Name: _____

Your Phone Number: _____

Your email: _____

Nominee's Full Name: _____

Nominee's Phone Number: _____

Nominee's Email: _____

Please provide a short description of nominee's connection to kidney disease (this information will not be shared or distributed without nominee's consent):

Please tell us why you are nominating this individual. Be as descriptive as possible. Attach another sheet if necessary: _____

Please return this form to Northeast Kidney Foundation, 501 New Karner Road, Suite 6, Albany NY 12205. You can also fax to 518-458-9690 or return by email to info@healthykidneys.org