

**JULES S. TERRY MEMORIAL AWARD
NOMINATION FORM**

One of the benefits of membership with the Georgia Public Health Association (GPHA) is the ability to nominate individuals or groups for the various awards GPHA bestows.

Description of the Award: The Jules S. Terry Memorial Award was established by Dr. Terry to recognize an individual whose work has contributed to broaden the provision of health services to individuals. Dr. Terry's request was that the award not have a relationship to position or discipline, but would be open to all. This award is presented as a cash award with recognition plaque and a cumulative plaque which hangs in the Division Director's Office. The funds are managed through the Atlanta Community Foundation, with a Funds Manager appointed to serve as ExOfficio of the Annual Selection Committee which is specified within the resolution to establish the award.

Nominee Name: _____
Address: _____
City: _____ County: _____ GA Zip: _____
Agency: _____ Position: _____
Nominated by: _____
Address _____ City: _____ GA Zip: _____
Telephone: _____ FAX: _____
E-mail Address: _____

Nomination Requirements: The Jules S. Terry Memorial Award is open to any person who works in DHR Public Health in Georgia. The award is specified to be given to a person who has made a significant contribution to the improvement of services to public health clients. A Selection Committee is chosen each year to review and select the award winner. This committee is specified as follows: The Division of Public Health Director names the Committee Chair (a Health Director); membership is outlined as follows: a public health nurse; a nutritionist; an environmentalist; a clerical staff member; and an administrator. The Funds Manager serves as staff to the Committee and handles the details of the award process.

Criteria for Selection:

1. INNOVATION: How did the nominee do something that was new or unique?
2. IMPACT: What did the nominee do to improve the quality of Public Health services?
3. TIMELINESS: How did the nominee's activities address a current Public Health problem?
4. VISIBILITY: How did the nominee increase the community's awareness of Public Health?
5. INITIATIVE: How did the nominee demonstrate initiative or persistence in his/her activities?

The nomination form should not be longer than 4 pages including the Nomination Form. All 5 Criteria for Selection should be addressed. Attachments will not be accepted.

NOMINATION DEADLINE: JANUARY 16, 2012

Send to: Margaret R. Bean
District Program Manager
Northwest Georgia Health District
1309 Redmond Road, NW
Rome, Georgia 30165-9655
Phone: 706-295-6647
Fax: 706-802-5681