

**AL DOHANY AWARD FOR COMMUNITY SERVICE
NOMINATION FORM**

Established in 1999, the Al Dohany Award for Community Service honors public health leader, Al Dohany, who was highly respected among his peers and who made great contributions to the promotion of public health through his work with family connection and community groups at the local level. This award is presented annually to an individual who has made a positive contribution to community health through collaboration with the community and its leaders. This contribution involves encouraging a collaborative approach with existing community entities that is essential to realizing the long-term health outcomes of a community while recognizing the importance of communities and celebrating the diversity that makes a community vital.

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

Nomination Requirements:

1. Any individual is eligible.
2. Impact on health of the community: Has the health of the community improved? Has the identification or documentation of community health strengths or weaknesses been improved?
3. Strengthen diversity: Have the efforts of the individual utilized the diversity in the community? Did these efforts encourage diversity and equal treatment of all community members regardless of their inherent diversity?
4. Collaboration: Did the efforts of this individual utilize the resources of community entities, private associations and public health to improve wellness for the whole community? Did these efforts increase the wellness for the whole community?
5. Community centric: Did the efforts of this individual promote community buy-in and feelings of mutual ownership in a positive effort to improve healthy outcomes? Was the effort community based?

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?

Please document the nomination with letters of support from the community. The nomination form should not be longer than four pages including the nomination form. All five criteria for selection should be addressed. Attachments will not be accepted.

NOMINATION DEADLINE: DECEMBER 30, 2013

Mail, email, or fax nominations to:

Sally Silbermann	Email: smsilbermann@dhr.state.ga.us
Coastal Health District	Fax: 912-644-5220
24 Oglethorpe Professional Blvd.	Phone: 912-644-5217
Savannah, GA 31406	

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

The Jules S. Terry Memorial Award was established 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 be related to position or discipline, but open to all.

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 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.

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?

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**BARFIELD NURSING SECTION AWARD
NOMINATION FORM**

The Barfield Nursing Section Award was initiated by the Nursing Section of the Georgia Public Health Association in 1983 to honor Dorothy Barfield who served as the chief nurse at the state level. The purpose of this award is to recognize papers that promote public health by contributing to public health issues, programs, and philosophies.

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

Nomination Requirements: The call for papers is open to all GPHA members. Papers must be typewritten, double spaced, and no more than 12 pages in length. The paper must address contributions to public health issues, programs, and philosophies.

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?
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**BEHAVIORAL HEALTH WORKER OF THE YEAR AWARD
NOMINATION FORM**

The Behavioral Health Worker of the Year Award was established in 1984 to honor an individual who exemplifies outstanding contributions in the field of behavioral health, developmental disabilities, or addictive diseases.

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

Nomination Requirements:

1. Involved in behavioral health, developmental disabilities, or addictive diseases programming as an employee, community partner, or advocate.
2. Contributions resulted in improved outcomes to individuals or families in the areas of behavioral health, developmental disabilities, or addictive diseases.

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?

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**ENVIRONMENTALIST OF THE YEAR AWARD
ENVIRONMENTAL HEALTH SECTION AWARD
NOMINATION FORM**

The Environmentalist of the Year Award is an Environmental Health Section Award to recognize outstanding achievement and service in the field of Environmental Health.

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

Nomination Requirements:

1. The candidate must be a citizen of Georgia at the time of nomination and must be a member of GPHA for at least one year prior to being considered.
2. The achievements on which the award is based must have been completed within the five year period immediately preceding January 1 of the year in which the award is to be given.
3. Each nomination must be accompanied by factual information concerning the candidate and his/her achievements.
4. All nominations remain confidential.

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?

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**FRED AGEL GOVERNANCE AWARD
BOARDS OF HEALTH SECTION AWARD
NOMINATION FORM**

The Fred Agel Governance Award is a Boards of Health Section award to recognize outstanding commitment and service in the promotion of public health.

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

Nomination Criteria:

1. The candidate must be a citizen of Georgia at the time of nomination.
2. The achievements on which the award is based must have been completed within the five year period immediately preceding January 1 of the year in which the award is to be given.
3. Each nomination must be accompanied by factual information concerning the candidate and his/her achievements.
4. All nominations remain confidential.

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?

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**GEORGIA DENTAL AWARD OF MERIT
MEDICAL-DENTAL HEALTH SECTION AWARD
NOMINATION FORM**

Initiated in 1989, the Georgia Dental Public Health Award is presented to an individual or organization by the Georgia Department of Public Health Oral Health Section and the Georgia Public Health Association Medical-Dental Section for outstanding services and contributions to the Georgia Dental Public Health Program nationally, regionally, statewide, and/or locally.

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

Nomination Requirements: The individual or organization must have made contributions to the Georgia Dental Public Health Program nationally, regionally, statewide, and/or locally.

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?

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JANET STANCLIFF EPIDEMIOLOGY AWARD

NOMINATION FORM

The Epidemiology Section of the Georgia Public Health Association voted in 1987 to establish an annual award to be presented to an individual who had contributed to the support of community epidemiologists throughout the state. In October 1993, this award was renamed in honor of desk clerk Janet Stancliff at the STD state office who had very efficiently and effectively promoted the collection of critical data by epidemiologists statewide. In 1999, the award was expanded to include nominations of Communicable Disease Specialists and others who have made outstanding contributions to the control of communicable diseases in the state of Georgia.

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

Nomination Criteria:

1. Provides support services to community epidemiologists.
2. Member of GPHA.

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?
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**KATHY MINER HEALTH EDUCATION AND PROMOTION AWARD
NOMINATION FORM**

The Kathy Miner Award was established to recognize outstanding achievements in the area of health education and promotion.

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

Nomination Criteria:

1. Functioning in the area of health education and promotion.
2. Contributions resulted in improved outcomes to individuals or families in the area of community-based health education and promotion/risk reduction programs and decreases in health disparities.

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?
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**LARRY W. MILLER
HEALTH INFORMATION SPECIALIST AWARD
INFORMATION TECHNOLOGY SECTION
NOMINATION FORM**

The Health Information Specialist of the Year Award began in 1998 and is presented to a member of the Information Technology Section. The Health Information Specialist of the Year Award was established to recognize individuals for their professional contributions to managing, analyzing, producing, and communicating health information.

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

Nomination Requirements:

Eligible nominees include those persons who collect, analyze, and transform health-related data into useful information for planning, review, evaluation, advocacy, and organizational decision-making purposes, as well as those who develop and maintain the data systems that make health information available. Nominees should work for agencies that serve to protect the health of the citizens of Georgia. Officers of the section, who also serve as the nominating committee, are ineligible to submit nominations or be nominated.

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?
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**LILLIAN D. WALD PUBLIC HEALTH NURSING AWARD
NURSING SECTION AWARD
NOMINATION FORM**

The Lillian D. Wald Public Health Nursing Award honors a public health nurse who has provided exemplary public health nursing leadership in the state of Georgia. The purpose of this award is to recognize demonstrated initiative and resourcefulness in developing efforts to improve the health of the public through political, legislative, professional, or interdisciplinary collaboration.

Nominee Name: _____
Address: _____
City: _____ County: _____ GA Zip: _____
Agency: _____ Position: _____
Nominated by: _____
Address _____ City: _____ GA Zip: _____
Telephone: _____ FAX: _____
E-mail Address: _____
Name of GPHA PHN Section Sponsor: _____

Nomination Requirements: The nominations should describe how the nominee has provided excellence in population health practice.

Criteria for Selection:

Nominees must have demonstrated initiative and resourcefulness in developing efforts to improve the health of the public through at least one: Political, legislative, professional, or interdisciplinary collaboration.

Achievements should represent a leadership role in one or more of the following arenas: Promoting health activities for client groups; influencing health policy and health laws; collaborating with physicians, legislators and public officials; strengthening public health nursing practice.

Nominees may include staff public health nurses as well as individuals with supervisory, management and/or leadership job responsibilities.

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?
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MAGGIE KLINE NURSING AWARD

NOMINATION FORM

The Maggie Kline Nursing Award was established in 1989 to honor Maggie Kline who, for several years, coordinated the continuing education program for public health nurses in Georgia. The Award is specifically designed for a public health nurse or a public health nurse specialist who fulfills the nursing role in service delivery to public health clients and families through application of the Basic Skills Assessment Course.

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

Nomination Requirements:

1. Public health nurse or public health nurse specialist.
2. Activities demonstrate application of Basic Skills Course content.
3. Services resulted in improved outcomes for clients and families.

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?
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**MATERNAL CHILD HEALTH COMMUNITY SERVICE AWARD
MATERNAL AND CHILD HEALTH SECTION
NOMINATION FORM**

The Maternal Child Health Community Service Award was initiated by the Maternal and Child Health Section of the Georgia Public Health Association in 2003. The purpose of this award is to recognize an individual in the community who has made an exceptional contribution to the health and well-being of mothers and children in Georgia.

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

Nomination Requirements:

1. An individual who is not currently employed in a state or local public health agency and is actively working in a community capacity.
2. An individual whose work fits any or all of the following criteria:
 - a. Long-term involvement in maternal and child health.
 - b. Recognized expert or authority in their particular area of maternal and child health.
 - c. Important contribution(s) including playing a key role in advancing improvement in the health status of mothers or children in Georgia on a local or statewide basis.
 - d. Advocacy for maternal and child health at the legislature or with other decision-making bodies.
 - e. Played a key role in development of successful innovative program(s) in maternal and child health in Georgia.
 - f. Collaboration with health, education, social services, and other decision makers and service providers to coordinate advocacy and other efforts.

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?
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**OFFICE PERSONNEL OUTSTANDING SERVICE AWARD
NOMINATION FORM**

The Office Personnel Outstanding Service Award was first given in 1989. This award is presented to someone who has demonstrated exceptional merit by enhancing public health's administrative services and serving the community.

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

Nomination Criteria:

1. Member of GPHA
2. Employed in office or administrative services
3. Services have enhanced public health administrative services
4. Involvement in communities/organizations

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?
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**PRIMARY HEALTH CARE LEADERSHIP AWARD
NOMINATION FORM**

The Primary Health Care Leadership Award was first awarded in 1998 and goes to a member who has excelled in enhancing primary care systems to increase access to services.

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

Nomination Criteria:

Contributions have resulted in improved primary health care systems and/or access to primary health care.

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?
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**ROSEMARIE B. NEWMAN NUTRITION EXTRA MILE AWARD
NUTRITION SECTION AWARD
NOMINATION FORM**

The Rosemarie B. Newman Nutrition Extra Mile Award recognizes a public health employee for making significant contribution(s) in the delivery of nutrition services in the community. This award was established in 1999.

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

Nomination Requirements: This award is open to any public health employee for outstanding contribution(s) in public health nutrition services for the benefit of the community or special population within the community.

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?
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**RUTH B. FREEMAN NURSING AWARD FOR POPULATION HEALTH PRACTICE
NURSING SECTION AWARD
NOMINATION FORM**

The Ruth B. Freeman Public Health Nursing Award honors a public health nurse who has provided excellence in population health practice in the state of Georgia.

Nominee Name: _____
Address: _____
City: _____ County: _____ GA Zip: _____
Agency: _____ Position: _____
Nominated by: _____
Address _____ City: _____ GA Zip: _____
Telephone: _____ FAX: _____
E-mail _____
Address: _____
Name of GPHA PHN Section Sponsor: _____

Nomination Requirements: Nominees must have demonstrated excellence in population health practice consistent with the following definition of population health: Population health activities and services are aimed at disease prevention and health promotion, address the underlying causes of disease, delivered to an entire population or subgroup, and are grounded in community health data. These activities and services include: Developing/delivering interventions to high-risk groups (not individuals); assessing community health status through statistics and surveillance activities; developing and/or supporting community coalitions or partnerships; developing, improving, and enforcing health policy; presenting community health data to leaders, community groups, and policy makers; developing networks and systems that ensure access to healthcare; enforcing health statutes and regulations; disease investigation and contact investigation; community outreach and education; health screenings/fairs in community settings including referral and follow-up; planning and preparation for community education, screenings, health fairs, and presentations; advocating for population groups within the community; and marketing health programs and services.

Nominees may include staff public health nurses as well as individuals with supervisory, management and/or leadership job responsibilities.

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 four pages including the nomination form. All five criteria for selection should be addressed. Attachments will not be accepted.

NOMINATION DEADLINE: DECEMBER 30, 2013

Mail, email, or fax nominations to:

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