

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

Description: This 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?
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 10, 2013

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