**2017 SELLERS-MCCROAN AWARD NOMINATION FORM**

Please complete this form, and attach the nominee’s CV or resume and up to 3 letters of support. Attach a picture of the nominee suitable for the Program Booklet (JPG, GIF, PNG or BMP format only). Submit the complete package **by email** to GPHA.Awards.SM@gmail.com, no later than **Friday, November 18, 2016 5pm.**

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| **Nominee:** |  |
| **Title:** |  |
| **Business Address:** |  | **Nominee Email:** |  |
| **City/State/Zip:** |  | **Nominee Phone:** |  |
| **Nominated by:** |  | **Nominator****Email:** |  |
| **Nominator****Phone:** |  |

**T**he Sellers-McCroan Award from the Georgia Public Health Association recognizes an individual or group whose work has had significant impact on epidemiology and/or laboratory services at the state, district or county levels; in academia; or in hospitals.

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| --- |
| 1. Describe the nominee’s contribution to public health in Georgia. |
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| 2. Describe the nominee’s particular achievement(s) in epidemiology and/or laboratory services at the state, district or county levels, or in academia or in hospitals. |
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| 3. Describe the impact of the nominee’s work on the state of epidemiology and/or laboratory science within Georgia. |
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| 4. Over what period of time did these contributions occur? |
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# 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.

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| Nominee: |  |
| Title/Agency: |  |
| Business Address: |  | Nominee Email: |  |
| City/State/Zip: |  | Nominee Phone: |  |
| Nominated by: |  | Nominator Email: |  |
| Nominator Phone: |  |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the Conference or the Awards Luncheon. The luncheon is included in one-day and full registration. Payment may be made by nominator, section, awardee, etc.* |

# 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?

# The submission requires a description in summary format, no more than 1,500 words, that should address the following criteria:

**INNOVATION**: How did the nominee do something that was new or unique?

**IMPACT**: What did the nominee do to improve the quality of public health services? **TIMELINESS**: How did the nominee's activities address a current public health problem? **VISIBILITY**: How did the nominee increase the community's awareness of public health? **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities?

**Please document the nomination with at least two letters of support from the community.**

# NOMINATION DEADLINE: NOVEMBER 18, 2016 5pm

**Email nominations to** **GPHA.Awards@gmail.com**

**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.

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| Nominee: |  |
| Title/Agency: |  |
| Business Address: |  | Nominee Email: |  |
| City/State/Zip: |  | Nominee Phone: |  |
| Nominated by: |  | Nominator Email: |  |
| Nominator Phone: |  |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the Conference or the Awards Luncheon. The luncheon is included in one-day and full registration. Payment may be made by nominator, section, awardee, etc.* |

# 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.

# The submission requires a description in summary format, no more than 1,500 words, that should address the following criteria:

**INNOVATION**: How did the nominee do something that was new or unique?

**IMPACT**: What did the nominee do to improve the quality of public health services? **TIMELINESS**: How did the nominee's activities address a current public health problem? **VISIBILITY**: How did the nominee increase the community's awareness of public health? **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities?

Any attachments (which are not required), should be limited to no more than two pages.

# NOMINATION DEADLINE: NOVEMBER 18, 2016 5pm

**Email nominations to** **GPHA.Awards@gmail.com**

**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.

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| Nominee: |  |
| Title/Agency: |  |
| Business Address: |  | Nominee Email: |  |
| City/State/Zip: |  | Nominee Phone: |  |
| Nominated by: |  | Nominator Email: |  |
| Nominator Phone: |  |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the Conference or the Awards Luncheon. The luncheon is included in one-day and full registration. Payment may be made by nominator, section, awardee, etc.* |

# 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.

# The submission requires a description in summary format, no more than 1,500 words, that should address the following criteria:

**INNOVATION**: How did the nominee do something that was new or unique?

**IMPACT**: What did the nominee do to improve the quality of public health services? **TIMELINESS**: How did the nominee's activities address a current public health problem? **VISIBILITY**: How did the nominee increase the community's awareness of public health? **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities?

Any attachments (which are not required), should be limited to no more than two pages.

# NOMINATION DEADLINE: NOVEMBER 18, 2016 5pm

**Email nominations to** **GPHA.Awards@gmail.com**

**ENVIRONMENTAL HEALTH SECTION AWARDS NOMINATION FORM**

**This nomination form is used to nominate an individual for Environmental Health Specialist of the Year or for the Environmental Health Innovations Award. Groups may only be nominated for the Innovations Award.**

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| Nominee: |  |
| Title/Agency: |  |
| Business Address: |  | Nominee Email: |  |
| City/State/Zip: |  | Nominee Phone: |  |
| Nominated by: |  | Nominator Email: |  |
| Nominator Phone: |  |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the Conference or the Awards Luncheon. The luncheon is included in one-day and full registration. Payment may be made by nominator, section, awardee, etc.* |

**Environmental Health Specialist of the Year**

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

**Nomination Requirements:**

1. The candidate must be a citizen of Georgia at the time of nomination and must be a member of GPHA.
2. The achievements on which the award is based must have been completed within the five year period immediately proceeding 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.

**The submission requires a description in summary format, no more than 1,500 words, that should address the following criteria: INNOVATION**: How did the nominee do something that was new or unique?

**IMPACT**: What did the nominee do to improve the quality of public health services? **TIMELINESS**: How did the nominee's activities address a current public health problem? **VISIBILITY**: How did the nominee increase the community's awareness of public health? **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities?

**Environmental Health Innovations Award**

The Environmental Health Innovation Award is to recognize individuals or teams that have made an innovative contribution to improving the environment and/or protecting public health and to encourage other professionals to search for creative solutions. **Nomination Requirements:**

1. The individual(s) or organization must be an active GPHA member. If a team submission, all team members must be GPHA

members.

1. The individual or organization being recognized must be practicing within the field of environmental health and be the primary contributor or sole developer of the innovation.
2. The application requires the applicant to write a description of the innovation, in summary format (1500 words maximum). The summary should address the following criteria:
	1. Description of the innovation (new idea, practice, or product) that promotes and/or improves the practice of environmental health or the environment. (150 words maximum)
	2. Explanation of the benefits from innovation and how it is used or applied. (150 words maximum)
	3. Description of the uniqueness of the innovation or the significance of the change. (150 words maximum)
	4. Explain how it has filled a particular void or changed thinking, practices, processes, or procedures. (300 words maximum)
	5. Description of the impact (results) the innovation has had on environmental health. (100 words)
	6. Provide an explanation with examples of how the innovation has advanced or is advancing environmental health. (200 words maximum)
	7. Indicate if the innovation has been adopted or is in the process of being adopted by other professionals or organizations. (150 words maximum)
	8. Provide specific examples of how other professionals, organizations, and institutions have adopted or endorsed the innovation. (150 words maximum)
	9. Provide examples of how the benefits of the innovation have been recognized by peers and industry publications.(300 words maximum) Note: Peer assessments and testimonials will be considered as supporting documentation.

Any attachments (which are not required), should be limited to no more than two pages.

**NOMINATION DEADLINE: NOVEMBER 18, 2016 5pm**

**Email nominations to** **GPHA.Awards@gmail.com**

# 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.

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| Nominee: |  |
| Title/Agency: |  |
| Business Address: |  | Nominee Email: |  |
| City/State/Zip: |  | Nominee Phone: |  |
| Nominated by: |  | Nominator Email: |  |
| Nominator Phone: |  |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the Conference or the Awards Luncheon. The luncheon is included in one-day and full registration. Payment may be made by nominator, section, awardee, etc.* |

# 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.

# The submission requires a description in summary format, no more than 1,500 words, that should address the following criteria:

**INNOVATION**: How did the nominee do something that was new or unique?

**IMPACT**: What did the nominee do to improve the quality of public health services? **TIMELINESS**: How did the nominee's activities address a current public health problem? **VISIBILITY**: How did the nominee increase the community's awareness of public health? **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities?

Any attachments (which are not required), should be limited to no more than two pages.

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# NOMINATION DEADLINE: NOVEMBER 18, 2016 5pm

**Email nominations to** **GPHA.Awards@gmail.com**

**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.

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| Nominee: |  |
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| Business Address: |  | Nominee Email: |  |
| City/State/Zip: |  | Nominee Phone: |  |
| Nominated by: |  | Nominator Email: |  |
| Nominator Phone: |  |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the Conference or the Awards Luncheon. The luncheon is included in one-day and full registration. Payment may be made by nominator, section, awardee, etc.* |

# Nomination Requirements:

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

# The submission requires a description in summary format, no more than 1,500 words, that should address the following criteria:

**INNOVATION**: How did the nominee do something that was new or unique?

**IMPACT**: What did the nominee do to improve the quality of public health services? **TIMELINESS**: How did the nominee's activities address a current public health problem? **VISIBILITY**: How did the nominee increase the community's awareness of public health? **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities?

Any attachments (which are not required), should be limited to no more than two pages.

# NOMINATION DEADLINE: NOVEMBER 18, 2016 5pm

**Email nominations to** **GPHA.Awards@gmail.com**

**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.

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| Nominee: |  |
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| Business Address: |  | Nominee Email: |  |
| City/State/Zip: |  | Nominee Phone: |  |
| Nominated by: |  | Nominator Email: |  |
| Nominator Phone: |  |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the Conference or the Awards Luncheon. The luncheon is included in one-day and full registration. Payment may be made by nominator, section, awardee, etc.* |

# Nomination Criteria:

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

# The submission requires a description in summary format, no more than 1,500 words, that should address the following criteria:

**INNOVATION**: How did the nominee do something that was new or unique?

**IMPACT**: What did the nominee do to improve the quality of public health services? **TIMELINESS**: How did the nominee's activities address a current public health problem? **VISIBILITY**: How did the nominee increase the community's awareness of public health? **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities?

Any attachments (which are not required), should be limited to no more than two pages.

# NOMINATION DEADLINE: NOVEMBER 18, 2016 5pm

**Email nominations to** **GPHA.Awards@gmail.com**

**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.

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| Nominee: |  |
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| Business Address: |  | Nominee Email: |  |
| City/State/Zip: |  | Nominee Phone: |  |
| Nominated by: |  | Nominator Email: |  |
| Nominator Phone: |  |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the Conference or the Awards Luncheon. The luncheon is included in one-day and full registration. Payment may be made by nominator, section, awardee, etc.* |

# 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.

# The submission requires a description in summary format, no more than 1,500 words, that should address the following criteria:

**INNOVATION**: How did the nominee do something that was new or unique?

**IMPACT**: What did the nominee do to improve the quality of public health services? **TIMELINESS**: How did the nominee's activities address a current public health problem? **VISIBILITY**: How did the nominee increase the community's awareness of public health? **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities?

Any attachments (which are not required), should be limited to no more than two pages.

# NOMINATION DEADLINE: NOVEMBER 18, 2016 5pm

**Email nominations to** **GPHA.Awards@gmail.com**

**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.

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| Nominee: |  |
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| Business Address: |  | Nominee Email: |  |
| City/State/Zip: |  | Nominee Phone: |  |
| Nominated by: |  | Nominator Email: |  |
| Nominator Phone: |  |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the Conference or the Awards Luncheon. The luncheon is included in one-day and full registration. Payment may be made by nominator, section, awardee, etc.* |

# 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.

# The submission requires a description in summary format, no more than 1,500 words, that should address the following criteria:

**INNOVATION**: How did the nominee do something that was new or unique?

**IMPACT**: What did the nominee do to improve the quality of public health services? **TIMELINESS**: How did the nominee's activities address a current public health problem? **VISIBILITY**: How did the nominee increase the community's awareness of public health? **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities?

Any attachments (which are not required), should be limited to no more than two pages.

# NOMINATION DEADLINE: NOVEMBER 18, 2016 5pm

**Email nominations to** **GPHA.Awards@gmail.com**

**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.

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| Nominee: |  |
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| Nominated by: |  | Nominator Email: |  |
| Nominator Phone: |  |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the Conference or the Awards Luncheon. The luncheon is included in one-day and full registration. Payment may be made by nominator, section, awardee, etc.* |

# Nomination Requirements:

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

# The submission requires a description in summary format, no more than 1,500 words, that should address the following criteria:

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.

**INNOVATION**: How did the nominee do something that was new or unique?

**IMPACT**: What did the nominee do to improve the quality of public health services? **TIMELINESS**: How did the nominee's activities address a current public health problem? **VISIBILITY**: How did the nominee increase the community's awareness of public health? **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities?

Any attachments (which are not required), should be limited to no more than two pages.

# NOMINATION DEADLINE: NOVEMBER 18, 2016 5pm

**Email nominations to** **GPHA.Awards@gmail.com**

**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.

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| Nominee: |  |
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| Business Address: |  | Nominee Email: |  |
| City/State/Zip: |  | Nominee Phone: |  |
| Nominated by: |  | Nominator Email: |  |
| Nominator Phone: |  |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the Conference or the Awards Luncheon. The luncheon is included in one-day and full registration. Payment may be made by nominator, section, awardee, etc.* |

# 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.

# The submission requires a description in summary format, no more than 1,500 words, that should address the following criteria:

**INNOVATION**: How did the nominee do something that was new or unique?

**IMPACT**: What did the nominee do to improve the quality of public health services? **TIMELINESS**: How did the nominee's activities address a current public health problem? **VISIBILITY**: How did the nominee increase the community's awareness of public health? **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities?

Any attachments (which are not required), should be limited to no more than two pages.

# NOMINATION DEADLINE: NOVEMBER 18, 2016 5pm

**Email nominations to** **GPHA.Awards@gmail.com**

**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.

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| Nominee: |  |
| Title/Agency: |  |
| Business Address: |  | Nominee Email: |  |
| City/State/Zip: |  | Nominee Phone: |  |
| Nominated by: |  | Nominator Email: |  |
| Nominator Phone: |  |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the Conference or the Awards Luncheon. The luncheon is included in one-day and full registration. Payment may be made by nominator, section, awardee, etc.* |

# 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.

# The submission requires a description in summary format, no more than 1,500 words, that should address the following criteria:

**INNOVATION**: How did the nominee do something that was new or unique?

**IMPACT**: What did the nominee do to improve the quality of public health services? **TIMELINESS**: How did the nominee's activities address a current public health problem? **VISIBILITY**: How did the nominee increase the community's awareness of public health? **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities?

Any attachments (which are not required), should be limited to no more than two pages.

# NOMINATION DEADLINE: NOVEMBER 18, 2016 5pm

**Email nominations to** **GPHA.Awards@gmail.com**

**ADMINISTRATION OUTSTANDING SERVICE AWARD NOMINATION FORM**

The Administrative Section Outstanding Service Award was first given in 2013. This award is presented to someone who has demonstrated exceptional public service by enhancing the fiscal and administrative areas in support of providing public health services to the community.

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| Nominee: |  |
| Title/Agency: |  |
| Business Address: |  | Nominee Email: |  |
| City/State/Zip: |  | Nominee Phone: |  |
| Nominated by: |  | Nominator Email: |  |
| Nominator Phone: |  |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the Conference or the Awards Luncheon. The luncheon is included in one-day and full registration. Payment may be made by nominator, section, awardee, etc.* |

# Nomination Criteria:

* 1. Member of GPHA
	2. Employed in providing direct administrative services, such as finance, human resources, contracts, budget, contracts) in a public health environment
	3. Services have enhanced public health administrative services
	4. Involvement in working with public health programs and services in support of providing community services.

# The submission requires a description in summary format, no more than 1,500 words, that should address the following criteria:

**INNOVATION**: How did the nominee do something that was new or unique?

**IMPACT**: What did the nominee do to improve the quality of public health services?

**TIMELINESS**: How did the nominee's activities address a current public health problem?

**VISIBILITY**: How did the nominee support public health programs in support of increasing the community's awareness of public health?

**INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her administrative related activities?

Any attachments (which are not required), should be limited to no more than two pages.

# NOMINATION DEADLINE: NOVEMBER 18, 2016 5pm

**Email nominations to** **GPHA.Awards@gmail.com**

**ROSEMARIE NEWMAN NUTRITION AWARD NOMINATION FORM**

The Rosemarie Newman Award was established to recognize outstanding achievements in the area of nutrition.

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| Nominee: |  |
| Title/Agency: |  |
| Business Address: |  | Nominee Email: |  |
| City/State/Zip: |  | Nominee Phone: |  |
| Nominated by: |  | Nominator Email: |  |
| Nominator Phone: |  |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the Conference or the Awards Luncheon. The luncheon is included in one-day and full registration. Payment may be made by nominator, section, awardee, etc.* |

# Nomination Criteria:

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

# The submission requires a description in summary format, no more than 1,500 words, that should address the following criteria:

**INNOVATION**: How did the nominee do something that was new or unique?

**IMPACT**: What did the nominee do to improve the quality of public health services? **TIMELINESS**: How did the nominee's activities address a current public health problem? **VISIBILITY**: How did the nominee increase the community's awareness of public health? **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities?

Any attachments (which are not required), should be limited to no more than two pages.

# NOMINATION DEADLINE: NOVEMBER 18, 2016 5pm

**Email nominations to** **GPHA.Awards@gmail.com**