**2020 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 awards@gapha.org, no later than **Thursday, JANUARY 16, 2020 5pm.**

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| **Nominee:** | Click or tap here to enter text. |
| **Title:** | Click or tap here to enter text. |
| **Business Address:** | Click or tap here to enter text. | **Nominee Email:** | Click or tap here to enter text. |
| **City/State/Zip:** | Click or tap here to enter text. | **Nominee Phone:** | Click or tap here to enter text. |
| **Nominated by:** | Click or tap here to enter text. | **Nominator****Email:** | Click or tap here to enter text. |
| **Nominator****Phone:** | Click or tap here to enter text. |

**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. |
| Click or tap here to enter text. |
| 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. |
| Click or tap here to enter text. |
| 3. Describe the impact of the nominee’s work on the state of epidemiology and/or laboratory science within Georgia. |
| Click or tap here to enter text. |
| 4. Over what period of time did these contributions occur? |
| Click or tap here to enter text. |

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