

WEST VIRGINIA PUBLIC HEALTH ASSOCIATION

Public Health Merit Award

NOMINATION FORM

1. I wish to nominate the following person for the West Virginia Public Health Merit Award.

Name: _____

Address (if living): _____

Phone: _____

Birth date: _____ Birthplace: _____

2. Approximate years of active public health service: _____

3. Explain briefly the contributions the nominee has made in service to the field of Public. Indicate with an asterisk (*) which contributions are considered of major importance and why you think so. Elaborate on separate sheets if necessary.

4. List organizations related to Public Health of which nominee was a member over the period of active service, and any offices held. Give dates and span of time. Include boards, commissions and major committees related to Public Health.

5. Awards: List West Virginia awards, honors or citations; national awards, honors or citations; and industry awards, honors or citations.

6. Background (education, family, previous occupation, etc.)

7. Explain the nature of outstanding non-Public Health service the nominee has contributed within the state. List boards, commissions and major committees.

8. Indicate the personal traits which distinguish this person as outstanding among their peers.

I certify the above statements are true and accurate to the best of my knowledge.

Name _____
(Print or type)

Address _____

Organization _____

Phone _____

Signature _____

(Additional pages may be added if necessary)

Please submit nomination forms by **June 18th** to:

West Virginia Public Health Association
Awards Committee
P.O. Box 11635
Charleston, WV 25339-1635

All information will be kept strictly confidential prior to the Thursday evening awards banquet.