



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.

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

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

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

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

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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 **July 8th** 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.