Indiana Environmental Health Association
Award Application

Environmental Health Specialist of the Year

Name of Nominee: _____ Telephone: _____

Address: _____ City: _____ St: ___ Zip: _____

Employed by: _____

Present Title: _____

Length of Active Membership in IEHA: _____ years.

Please complete the information below for the nominee. Nominator must make a compelling case. The Nominee must have gone above and beyond the required and/or expected duties of their position.

Outstanding and Civic contributions to the field of environmental health or public health preparedness and emergency response within the past five (5) years:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Significant contribution(s) to the advancement of IEHA including State / Chapter Offices held, and Committees served on in the last five (5) years:

_____
_____
_____
_____
_____
_____
_____

Please limit your comments only to the questions given above.

Person submitting this application:

Name: _____ Telephone: _____

Address: _____ City: _____ St: ___ Zip: _____

The deadline for submitting all nominations is July 15th! If necessary, use an additional page but the submission shall not be more than two pages.