**SELLERS-MCCROAN AWARD NOMINATION FORM**

**INSTRUCTIONS:** Please complete this form and upload into the Digital Commons portal along with the nominee’s CV or resume and up to 3 letters of support. Please also upload a picture of the nominee suitable for the Program Booklet (JPEG/JPG only) and a short bio (250 words or less).

|  |  |
| --- | --- |
| **Nominee:** | Click or tap here to enter text. |
| **Title:** | Click or tap here to enter text. |

The 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.

# Please complete the following in no more than 1,500 words:

|  |
| --- |
| 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. |

# AL DOHANY AWARD FOR COMMUNITY SERVICE NOMINATION FORM

**INSTRUCTIONS:** Please complete this form and upload into the Digital Commons portal along with **at least two letters of support from the community**. Please also upload a picture of the nominee suitable for the Program Booklet (JPEG/JPG only) and a short bio (250 words or less).

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.

|  |  |
| --- | --- |
| Nominee: | Click or tap here to enter text. |
| Title/Agency: | Click or tap here to enter text. |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the full conference, one day registration for the day of the ceremony, or payment for the luncheon/breakfast only.* |

# 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?

# Please complete the following in no more than 1,500 words.

|  |
| --- |
|  **INNOVATION**: How did the nominee do something that was new or unique? |
| Click or tap here to enter text. |
|  **IMPACT**: What did the nominee do to improve the quality of public health services? |
| Click or tap here to enter text. |
|  **TIMELINESS**: How did the nominee's activities address a current public health problem? |
| Click or tap here to enter text. |
|  **VISIBILITY**: How did the nominee increase the community's awareness of public health? |
| Click or tap here to enter text. |
|  **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities? |
| Click or tap here to enter text. |

**JULES S. TERRY MEMORIAL AWARD NOMINATION FORM**

**INSTRUCTIONS:** Please complete this form and upload into the Digital Commons portal. Please also upload a picture of the nominee suitable for the Program Booklet (JPEG/JPG only) and a short bio (250 words or less). Any additional attachments (which are not required), should be limited to no more than two pages.

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.

|  |  |
| --- | --- |
| Nominee: | Click or tap here to enter text. |
| Title/Agency: | Click or tap here to enter text. |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the full conference, one day registration for the day of the ceremony, or payment for the luncheon/breakfast only.* |

# 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.

# Please complete the following in no more than 1,500 words.

|  |
| --- |
|  **INNOVATION**: How did the nominee do something that was new or unique? |
| Click or tap here to enter text. |
|  **IMPACT**: What did the nominee do to improve the quality of public health services? |
| Click or tap here to enter text. |
|  **TIMELINESS**: How did the nominee's activities address a current public health problem? |
| Click or tap here to enter text. |
|  **VISIBILITY**: How did the nominee increase the community's awareness of public health? |
| Click or tap here to enter text. |
|  **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities? |
| Click or tap here to enter text. |

**ENVIRONMENTAL HEALTH SPECIALIST OF THE YEAR NOMINATION FORM**

**INSTRUCTIONS:** Please complete this form and upload into the Digital Commons portal. Please also upload a picture of the nominee suitable for the Program Booklet (JPEG/JPG only) and a short bio (250 words or less). Any additional attachments (which are not required), should be limited to no more than two pages.

|  |  |
| --- | --- |
| Nominee: | Click or tap here to enter text. |
| Title/Agency: | Click or tap here to enter text. |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the full conference, one day registration for the day of the ceremony, or payment for the luncheon/breakfast only.* |

**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 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. No groups please.

# Please complete the following in no more than 1,500 words.

|  |
| --- |
|  **INNOVATION**: How did the nominee do something that was new or unique? |
| Click or tap here to enter text. |
|  **IMPACT**: What did the nominee do to improve the quality of public health services? |
| Click or tap here to enter text. |
|  **TIMELINESS**: How did the nominee's activities address a current public health problem? |
| Click or tap here to enter text. |
|  **VISIBILITY**: How did the nominee increase the community's awareness of public health? |
| Click or tap here to enter text. |
|  **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities? |
| Click or tap here to enter text. |

**ENVIRONMENTAL HEALTH INNOVATIONS AWARD NOMINATION FORM**

**INSTRUCTIONS:** Please complete this form and upload into the Digital Commons portal. Please also upload a picture of the nominee suitable for the Program Booklet (JPEG/JPG only) and a short bio (250 words or less). Any additional attachments (which are not required), should be limited to no more than two pages.

|  |  |
| --- | --- |
| Nominee: | Click or tap here to enter text. |
| Title/Agency: | Click or tap here to enter text. |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the full conference, one day registration for the day of the ceremony, or payment for the luncheon/breakfast only.* |

**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.
2. 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.

# Please complete the following in no more than 1,650 words.

|  |
| --- |
| 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) |
| Click or tap here to enter text. |
| Explanation of the benefits from innovation and how it is used or applied. (150 words maximum) |
| Click or tap here to enter text. |
| Description of the uniqueness of the innovation or the significance of the change. (150 words maximum) |
| Click or tap here to enter text. |
| Explain how it has filled a particular void or changed thinking, practices, processes, or procedures. (300 words maximum) |
| Click or tap here to enter text. |
| Description of the impact (results) the innovation has had on environmental health. (100 words) |
| Click or tap here to enter text. |
| Provide an explanation with examples of how the innovation has advanced or is advancing environmental health. (200 words maximum) |
| Click or tap here to enter text. |
| Indicate if the innovation has been adopted or is in the process of being adopted by other professionals or organizations. (150 words maximum) |
| Click or tap here to enter text. |
| Provide specific examples of how other professionals, organizations, and institutions have adopted or endorsed the innovation. (150 words maximum) |
| Click or tap here to enter text. |
| 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. |
| Click or tap here to enter text. |

# FRED AGEL GOVERNANCE AWARD BOARDS OF HEALTH SECTION NOMINATION FORM

**INSTRUCTIONS:** Please complete this form and upload into the Digital Commons portal. Please also upload a picture of the nominee suitable for the Program Booklet (JPEG/JPG only) and a short bio (250 words or less). Any additional attachments (which are not required), should be limited to no more than two pages.

The Fred Agel Governance Award is a Boards of Health Section award to recognize outstanding commitment and service in the promotion of public health.

|  |  |
| --- | --- |
| Nominee: | Click or tap here to enter text. |
| Title/Agency: | Click or tap here to enter text. |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the full conference, one day registration for the day of the ceremony, or payment for the luncheon/breakfast only.* |

# 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.

# Please complete the following in no more than 1,500 words.

|  |
| --- |
|  **INNOVATION**: How did the nominee do something that was new or unique? |
| Click or tap here to enter text. |
|  **IMPACT**: What did the nominee do to improve the quality of public health services? |
| Click or tap here to enter text. |
|  **TIMELINESS**: How did the nominee's activities address a current public health problem? |
| Click or tap here to enter text. |
|  **VISIBILITY**: How did the nominee increase the community's awareness of public health? |
| Click or tap here to enter text. |
|  **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities? |
| Click or tap here to enter text. |

**GEORGIA DENTAL AWARD OF MERIT MEDICAL-DENTAL HEALTH SECTION AWARD NOMINATION FORM**

**INSTRUCTIONS:** Please complete this form and upload into the Digital Commons portal. Please also upload a picture of the nominee suitable for the Program Booklet (JPEG/JPG only) and a short bio (250 words or less). Any additional attachments (which are not required), should be limited to no more than two pages.

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.

|  |  |
| --- | --- |
| Nominee: | Click or tap here to enter text. |
| Title/Agency: | Click or tap here to enter text. |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the full conference, one day registration for the day of the ceremony, or payment for the luncheon/breakfast only.* |

# Nomination Requirements:

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

# Please complete the following in no more than 1,500 words.

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| --- |
|  **INNOVATION**: How did the nominee do something that was new or unique? |
| Click or tap here to enter text. |
|  **IMPACT**: What did the nominee do to improve the quality of public health services? |
| Click or tap here to enter text. |
|  **TIMELINESS**: How did the nominee's activities address a current public health problem? |
| Click or tap here to enter text. |
|  **VISIBILITY**: How did the nominee increase the community's awareness of public health? |
| Click or tap here to enter text. |
|  **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities? |
| Click or tap here to enter text. |

**STANCLIFF BOONE COMMUNICABLE DISEASE SPECIALIST AWARD**

**NOMINATION FORM**

**INSTRUCTIONS:** Please complete this form and upload into the Digital Commons portal. Please also upload a picture of the nominee suitable for the Program Booklet (JPEG/JPG only) and a short bio (250 words or less). Any additional attachments (which are not required), should be limited to no more than two pages.

The Stancliff Boone Communicable Disease Specialist Award is an annual award for outstanding contributions to the critical work done by communicable disease specialist. This award recognizes one communicable disease specialist for contributions that resulted in positive disease intervention activities within the state of Georgia. This award is named to honor both Janet Stancliff, who worked efficiently and effectively to promote the collection of critical data by epidemiologists statewide for the state STD office, and Ronald Boone, who worked as a communicable disease specialist for the North Central Health District in Macon, GA for 25 years and was an active member of the Epidemiology Section of the Georgia Public Health Association throughout his tenure with public health.

|  |  |
| --- | --- |
| Nominee: | Click or tap here to enter text. |
| Title/Agency: | Click or tap here to enter text. |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the full conference, one day registration for the day of the ceremony, or payment for the luncheon/breakfast only.* |

**Nomination Criteria:**

A communicable disease specialist whose contributions resulted in positive disease intervention activities within the state of Georgia.

# Please complete the following in no more than 1,500 words.

|  |
| --- |
|  **INNOVATION**: How did the nominee do something that was new or unique? |
| Click or tap here to enter text. |
|  **IMPACT**: What did the nominee do to improve the quality of public health services? |
| Click or tap here to enter text. |
|  **TIMELINESS**: How did the nominee's activities address a current public health problem? |
| Click or tap here to enter text. |
|  **VISIBILITY**: How did the nominee increase the community's awareness of public health? |
| Click or tap here to enter text. |
|  **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities? |
| Click or tap here to enter text. |

**APPLIED EPIDEMIOLOGIST OF THE YEAR AWARD**

**NOMINATION FORM**

**INSTRUCTIONS:** Please complete this form and upload into the Digital Commons portal. Please also upload a picture of the nominee suitable for the Program Booklet (JPEG/JPG only) and a short bio (250 words or less). Any additional attachments (which are not required), should be limited to no more than two pages.

The Applied Epidemiologist of the Year is an annual award for outstanding contributions to the field of applied epidemiology. This award recognizes one applied epidemiologist each year for contributions that resulted in translating epidemiologic evidence to clinical, public health, or health policy applications within the state of Georgia. ​

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| Nominee: | Click or tap here to enter text. |
| Title/Agency: | Click or tap here to enter text. |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the full conference, one day registration for the day of the ceremony, or payment for the luncheon/breakfast only.* |

**Nomination Criteria:**

An Epidemiologist whose contributions resulted in translating epidemiologic evidence to clinical, public health, or health policy applications within the state of Georgia.

# Please complete the following in no more than 1,500 words.

|  |
| --- |
|  **INNOVATION**: How did the nominee do something that was new or unique? |
| Click or tap here to enter text. |
|  **IMPACT**: What did the nominee do to improve the quality of public health services? |
| Click or tap here to enter text. |
|  **TIMELINESS**: How did the nominee's activities address a current public health problem? |
| Click or tap here to enter text. |
|  **VISIBILITY**: How did the nominee increase the community's awareness of public health? |
| Click or tap here to enter text. |
|  **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities? |
| Click or tap here to enter text. |

**KATHY MINER HEALTH EDUCATION AND PROMOTION AWARD NOMINATION FORM**

**INSTRUCTIONS:** Please complete this form and upload into the Digital Commons portal. Please also upload a picture of the nominee suitable for the Program Booklet (JPEG/JPG only) and a short bio (250 words or less). Any additional attachments (which are not required), should be limited to no more than two pages.

The Kathy Miner Award was established to recognize outstanding achievements in the area of health education and promotion.

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| Nominee: | Click or tap here to enter text. |
| Title/Agency: | Click or tap here to enter text. |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the full conference, one day registration for the day of the ceremony, or payment for the luncheon/breakfast only.* |

# 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.

# Please complete the following in no more than 1,500 words.

|  |
| --- |
|  **INNOVATION**: How did the nominee do something that was new or unique? |
| Click or tap here to enter text. |
|  **IMPACT**: What did the nominee do to improve the quality of public health services? |
| Click or tap here to enter text. |
|  **TIMELINESS**: How did the nominee's activities address a current public health problem? |
| Click or tap here to enter text. |
|  **VISIBILITY**: How did the nominee increase the community's awareness of public health? |
| Click or tap here to enter text. |
|  **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities? |
| Click or tap here to enter text. |

**LARRY W. MILLER**

**HEALTH INFORMATION SPECIALIST AWARD INFORMATION TECHNOLOGY SECTION**

**NOMINATION FORM**

**INSTRUCTIONS:** Please complete this form and upload into the Digital Commons portal. Please also upload a picture of the nominee suitable for the Program Booklet (JPEG/JPG only) and a short bio (250 words or less). Any additional attachments (which are not required), should be limited to no more than two pages.

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: | Click or tap here to enter text. |
| Title/Agency: | Click or tap here to enter text. |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the full conference, one day registration for the day of the ceremony, or payment for the luncheon/breakfast only.* |

# 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.

# Please complete the following in no more than 1,500 words.

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| --- |
|  **INNOVATION**: How did the nominee do something that was new or unique? |
| Click or tap here to enter text. |
|  **IMPACT**: What did the nominee do to improve the quality of public health services? |
| Click or tap here to enter text. |
|  **TIMELINESS**: How did the nominee's activities address a current public health problem? |
| Click or tap here to enter text. |
|  **VISIBILITY**: How did the nominee increase the community's awareness of public health? |
| Click or tap here to enter text. |
|  **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities? |
| Click or tap here to enter text. |

**BARFIELD NURSING SECTION AWARD NOMINATION FORM**

**INSTRUCTIONS:** Please complete this form and upload into the Digital Commons portal. Please also upload a picture of the nominee suitable for the Program Booklet (JPEG/JPG only) and a short bio (250 words or less). Any additional attachments (which are not required), should be limited to no more than two pages.

The Barfield Nursing Section Award was initiated by the Nursing Section of the Georgia Public Health Association in 1983 to honor Dorothy Barfield. Ms. Barfield was a lifelong learner who rose up the ranks in the nursing profession, eventually serving as chief nurse at the state level. The purpose of this award is to recognize written works, presentations or projects, including research, that promote public health by contributing to public health issues, programs, evidence and philosophies.

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| --- | --- |
| Nominee: | Click or tap here to enter text. |
| Title/Agency: | Click or tap here to enter text. |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the full conference, one day registration for the day of the ceremony, or payment for the luncheon/breakfast only.* |

# Nomination Requirements:

1. Submission of a document, published or unpublished article, presentation, research paper or project that furthers the knowledge or impact of public health work.

# Please complete the following in no more than 1,500 words.

|  |
| --- |
|  **INNOVATION**: How has the nominee shown promise as a new public health professional? Has the nominee done something that was new or unique? |
| Click or tap here to enter text. |
|  **IMPACT**: What did the nominee do to improve the quality of public health services? |
| Click or tap here to enter text. |
|  **TIMELINESS**: How did the nominee's activities address a current public health problem? |
| Click or tap here to enter text. |
|  **VISIBILITY**: How did the nominee increase the community's awareness of public health? |
| Click or tap here to enter text. |
|  **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities? |
| Click or tap here to enter text. |

**LILLIAN D. WALD PUBLIC HEALTH NURSING AWARD NURSING SECTION AWARD**

**INSTRUCTIONS:** Please complete this form and upload into the Digital Commons portal. Please also upload a picture of the nominee suitable for the Program Booklet (JPEG/JPG only) and a short bio (250 words or less). Any additional attachments (which are not required), should be limited to no more than two pages.

The Lillian D. Wald Public Health Nursing Leadership Award honors the memory of Lillian Wald, the founder of American Community Nursing. She was known as an advocate for the poor and a human rights activist who founded the Henry Street Settlement in New York City in 1893, which changed the model for public health care delivery in New York. She advocated for nurses in public schools and coined the term “public health nurse” to describe nurses whose work is integrated into the public community.

The purpose of this award is to recognize demonstrated initiative and resourcefulness in developing efforts to improve the health of the public through advocacy by way of political, legislative, professional or interdisciplinary collaboration.

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| --- | --- |
| Nominee: | Click or tap here to enter text. |
| Title/Agency: | Click or tap here to enter text. |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the full conference, one day registration for the day of the ceremony, or payment for the luncheon/breakfast only.* |

# Nomination Requirements:

A Public Health Nurse who works in a program or clinic in any capacity including those who have supervisory, management or leadership job responsibilities.

**Criteria for Selection:**

The nomination should describe how the nominee has provided leadership in public health practice or advocacy for public health in policymaking or partnership development. The nominee must have demonstrated initiative and resourcefulness in developing efforts to improve the health of the public through at least one of the following domains: political, legislative, professional or interdisciplinary collaboration.

Achievements should represent a leadership role in one or more of the following arenas: promotion of health for a client group; influencing health policy/law; collaborating with individuals and/or agencies to advance population health; strengthening public health nursing practice.

# Please complete the following in no more than 1,500 words.

|  |
| --- |
|  **INNOVATION**: How has the nominee shown promise as a new public health professional? Has the nominee done something that was new or unique? |
| Click or tap here to enter text. |
|  **IMPACT**: What did the nominee do to improve the quality of public health services? |
| Click or tap here to enter text. |
|  **TIMELINESS**: How did the nominee's activities address a current public health problem? |
| Click or tap here to enter text. |
|  **VISIBILITY**: How did the nominee increase the community's awareness of public health? |
| Click or tap here to enter text. |
|  **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities? |
| Click or tap here to enter text. |

**MAGGIE KLINE NURSING AWARD NOMINATION FORM**

**INSTRUCTIONS:** Please complete this form and upload into the Digital Commons portal. Please also upload a picture of the nominee suitable for the Program Booklet (JPEG/JPG only) and a short bio (250 words or less). Any additional attachments (which are not required), should be limited to no more than two pages.

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. Maggie was committed to ensuring that nurses were provided ongoing education and training to utilize best practices in their delivery of services to clients and to develop the associated skills necessary to do so.

This award is specifically designed to recognize a new comer to public health nursing who demonstrates: excellence in the execution of public health programs or services, creative or innovative approaches to practices that results in improved utilization of public health programs and services, and exemplary nursing practice that employs the use of individual and population-based care.

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| Nominee: | Click or tap here to enter text. |
| Title/Agency: | Click or tap here to enter text. |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the full conference, one day registration for the day of the ceremony, or payment for the luncheon/breakfast only.* |

# Nomination Requirements:

A Public Health nurse with 4 or less years of practice in any public health capacity.

**Criteria for Selection**:

The nomination should describe a new or innovative approach initiated by the nominee and must describe how this approach has contributed to increased awareness and utilization of public health services and programs within the community. Through specific examples, the nomination must describe how the nominee uses evidence-based practices, resourcefulness, and community awareness to address both individual and population-based needs as well as self-directed initiative to continue their education in public health.

# Please complete the following in no more than 1,500 words.

|  |
| --- |
|  **INNOVATION**: How has the nominee shown promise as a new public health professional? Has the nominee done something that was new or unique? |
| Click or tap here to enter text. |
|  **IMPACT**: What did the nominee do to improve the quality of public health services? |
| Click or tap here to enter text. |
|  **TIMELINESS**: How did the nominee's activities address a current public health problem? |
| Click or tap here to enter text. |
|  **VISIBILITY**: How did the nominee increase the community's awareness of public health? |
| Click or tap here to enter text. |
|  **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities? |
| Click or tap here to enter text. |

**RUTH B. FREEMAN NURSING AWARD FOR POPULATION HEALTH PRACTICE NURSING SECTION AWARD**

**NOMINATION FORM**

**INSTRUCTIONS:** Please complete this form and upload into the Digital Commons portal. Please also upload a picture of the nominee suitable for the Program Booklet (JPEG/JPG only) and a short bio (250 words or less). Any additional attachments (which are not required), should be limited to no more than two pages.

The Ruth B. Freeman award was established to honor Ruth B. Freeman, who provided standards for the nursing profession, standardized nursing practice, and advocated for the further education and educational equality of nurses by insisting that nurses have the same status and curriculum as physicians and other professionals in public health degree programs. In doing so, Ruth B. Freeman contributed to the legitimization of nurses as equitable members of the healthcare team.

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| --- | --- |
| Nominee: | Click or tap here to enter text. |
| Title/Agency: | Click or tap here to enter text. |
| **NOTE:**  *Nominator is responsible to assure the award recipient and guests are registered for the full conference, one day registration for the day of the ceremony, or payment for the luncheon/breakfast only.* |

This award is specifically designed to recognize a public health nurse who engages the use of evidence-based practices to develop and deliver public health interventions to high-risk groups and individuals through data mining, community health assessment, and engagement and mobilization of coalitions and partnerships. This nurse demonstrates the use analytical models to determine and present outcomes of interventions and uses outcomes to advocate for population groups within the community, recommend public health policy, and/or enforce health statutes and regulations.

# Nomination Requirements:

None.

**Criteria for Selection:**

The nomination should demonstrate specifically how the nurse determined the need for intervention through statistical analysis of community health data, implemented the evidence-based project or practice, and utilized data to determine outcome measurements. The nomination should describe the impact of the project or practice on the community, collaboration, or health policy.

# Please complete the following in no more than 1,500 words.

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| --- |
|  **INNOVATION**: How has the nominee shown promise as a new public health professional? Has the nominee done something that was new or unique? |
| Click or tap here to enter text. |
|  **IMPACT**: What did the nominee do to improve the quality of public health services? |
| Click or tap here to enter text. |
|  **TIMELINESS**: How did the nominee's activities address a current public health problem? |
| Click or tap here to enter text. |
|  **VISIBILITY**: How did the nominee increase the community's awareness of public health? |
| Click or tap here to enter text. |
|  **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities? |
| Click or tap here to enter text. |

**ADMINISTRATION OUTSTANDING SERVICE AWARD NOMINATION FORM**

**INSTRUCTIONS:** Please complete this form and upload into the Digital Commons portal. Please also upload a picture of the nominee suitable for the Program Booklet (JPEG/JPG only) and a short bio (250 words or less). Any additional attachments (which are not required), should be limited to no more than two pages.

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: | Click or tap here to enter text. |
| Title/Agency: | Click or tap here to enter text. |
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# 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.

# Please complete the following in no more than 1,500 words.

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| --- |
|  **INNOVATION**: How has the nominee shown promise as a new public health professional? Has the nominee done something that was new or unique? |
| Click or tap here to enter text. |
|  **IMPACT**: What did the nominee do to improve the quality of public health services? |
| Click or tap here to enter text. |
|  **TIMELINESS**: How did the nominee's activities address a current public health problem? |
| Click or tap here to enter text. |
|  **VISIBILITY**: How did the nominee increase the community's awareness of public health? |
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|  **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities? |
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**ROSEMARIE B. NEWMAN NUTRITION EXTRA MILE AWARD NOMINATION FORM**

**INSTRUCTIONS:** Please complete this form and upload into the Digital Commons portal. Please also upload a picture of the nominee suitable for the Program Booklet (JPEG/JPG only) and a short bio (250 words or less). Any additional attachments (which are not required), should be limited to no more than two pages.

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

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| --- | --- |
| Nominee: | Click or tap here to enter text. |
| Title/Agency: | Click or tap here to enter text. |
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# 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.

# Please complete the following in no more than 1,500 words.

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|  **INNOVATION**: How has the nominee shown promise as a new public health professional? Has the nominee done something that was new or unique? |
| Click or tap here to enter text. |
|  **IMPACT**: What did the nominee do to improve the quality of public health services? |
| Click or tap here to enter text. |
|  **TIMELINESS**: How did the nominee's activities address a current public health problem? |
| Click or tap here to enter text. |
|  **VISIBILITY**: How did the nominee increase the community's awareness of public health? |
| Click or tap here to enter text. |
|  **INITIATIVE**: How did the nominee demonstrate initiative or persistence in his/her activities? |
| Click or tap here to enter text. |

# J. PATRICK O’NEAL SAFETY AND HEALTH PREPAREDNESS SECTION AWARD NOMINATION FORM

**INSTRUCTIONS:** Please complete this form and upload into the Digital Commons portal. Please also upload a picture of the nominee suitable for the Program Booklet (JPEG/JPG only) and a short bio (250 words or less). Any additional attachments (which are not required), should be limited to no more than two pages.

The J. Patrick O’Neal Georgia Public Health Association Safety and Health Preparedness Section Award was established in 2018 in honor of Dr. J. Patrick O’Neal who serves as Commissioner and Director for Health Protection at the Georgia Department of Public Health (DPH) where he has oversight responsibility for Emergency Medical Services (EMS), Trauma, Emergency Preparedness, Epidemiology, Infectious Disease, Immunizations, and Environmental Health. The annual award is to be presented to an individual who has contributed to the work of Emergency Preparedness and Response to recognize outstanding commitment and service in the promotion of public health safety and preparedness.

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| --- | --- |
| Nominee: | Click or tap here to enter text. |
| Title/Agency: | Click or tap here to enter text. |
| ***NOTE:*** *Nominator is responsible to assure the award recipient and guests are registered for the full conference, one day registration for the day of the ceremony, or payment for the luncheon/breakfast only.* |

# Nomination Criteria:

1. The nominated individual 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 preceding January 1 of the year in which the award is to be given.
3. Each nomination must be accompanied by information concerning the candidate and his/her achievements.
4. Involvement in working with public health programs and provide services in support of Emergency Preparedness and Healthcare Preparedness.
5. All nominations remain confidential.

# Please complete the following in no more than 1,500 words.

|  |
| --- |
|  **INNOVATION**: How has the nominee shown promise as a new public health professional? Has the nominee done something that was new or unique? |
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|  **IMPACT**: What did the nominee do to improve the quality of public health services? |
| Click or tap here to enter text. |
|  **TIMELINESS**: How did the nominee's activities address a current public health problem? |
| Click or tap here to enter text. |
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| Click or tap here to enter text. |

**NUTRITION OUTSTANDING LEADERSHIP AWARD NOMINATION FORM**

**INSTRUCTIONS:** Please complete this form and upload into the Digital Commons portal. Please also upload a picture of the nominee suitable for the Program Booklet (JPEG/JPG only) and a short bio (250 words or less). Any additional attachments (which are not required), should be limited to no more than two pages.

The Nutrition Section of the GPHA proposes a new award to recognize members’ achievements, determination, and efforts. The Outstanding Leadership Award seeks to distinguish Nutrition Support Staff who have consistently shown dedication to their work and have supported others with guidance and positive attitude. It is the second award proposed by the Nutrition Section—the first award being The Rosemarie Newman Nutrition Award which pursues to acknowledge those whose contributions resulted in improved outcomes to individuals or families in the community. Unlike the Rosemarie Newman Award, The Outstanding Leadership Award focuses on one individual whose contributions have helped promote growth within their program by continuously demonstrating leadership skills. The award also aims to bring attention to individuals whose work often goes without recognition yet enhances the program’s achievement. Nutrition Supportive Staff are vital for organizations’ success; therefore, it is crucial to acknowledge their diligence and commitment.

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| Nominee: | Click or tap here to enter text. |
| Title/Agency: | Click or tap here to enter text. |
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# Nomination Criteria:

1. Functioning in the area of nutrition.
2. Consistently demonstrates a dedication to the program by being innovative towards solutions and supporting teamwork with a positive attitude, mentoring and guiding others when the need arises.
3. Displays consistent leadership skills that have helped advance the program forward by providing guidance and support to others in the organization and in the community.
4. Creates a culture of respect that promotes growth and development within the program by mentoring and supporting other employees.
5. Demonstrates excellence service in team building and accomplishments in the program.
6. Enhances the program’s achievements and success by collectively problem-solving with others.

# Please complete the following in no more than 1,500 words.

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| --- |
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|  **IMPACT**: What did the nominee do to improve the quality of public health services? |
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**THE ACADEMIC SECTION AWARD NOMINATION FORM**

**INSTRUCTIONS:** Please complete this form and upload into the Digital Commons portal. Please also upload a picture of the nominee suitable for the Program Booklet (JPEG/JPG only) and a short bio (250 words or less). Any additional attachments (which are not required), should be limited to no more than two pages.

The Academic Section Award will be awarded to a GPHA member who has shown an outstanding

commitment to uniting and supporting both the public health practice and academic communities in the state of Georgia. This award recognizes one GPHA member who has worked to bridge the gap

between practice and academia through committee work, relationship building, and/or contributing to the scientific literature. The awardee must be in good standing with GPHA.

|  |  |
| --- | --- |
| Nominee: | Click or tap here to enter text. |
| Title/Agency: | Click or tap here to enter text. |
| **NOTE:** *Nominator is responsible to assure the award recipient and guests are registered for the full conference, one day registration for the day of the ceremony, or payment for the luncheon/breakfast only.* |

**Nomination Criteria:**

A GPHA member who has shown an outstanding commitment to uniting and supporting both the public health practice and academic communities in the state of Georgia. Awardee must be in good standing with GPHA.

# Please complete the following in no more than 1,500 words.

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|  |
| --- |
|  **INNOVATION**: How did the nominee do something that was new or unique? |
| Click or tap here to enter text. |
|  **IMPACT**: What did the nominee do to improve the quality of public health services? |
| Click or tap here to enter text. |
|  **TIMELINESS**: How did the nominee's activities address a current public health problem? |
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