WEST VIRGINIA PUBLIC HEALTH ASSOCIATION

HALL OF FAME

NOMINATION FORM

1. I wish to nominate the following person to the West Virginia Public Health Hall of Fame.

   Name: ________________________________________________________________

   Address (if living): ______________________________________________________

   Phone: __________ Birth date: __________ Birthplace: _______________________

   Contact person if deceased  Spouse: _____  Son: _____  Daughter: _____  Other: ______

   (Please mark one box

     Name: ________________________________________________________________

     Address: ______________________________________________________________

     Date Nominee Deceased: ________________________________________________

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.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Dates and Span of Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Award</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Background Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
7. Explain the nature of outstanding non-PublicHealth 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.

____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________

9. If your nominee is not chosen for the Hall of Fame Award, would you like them to be considered for a PublicHealthAward? Yes ________ No (please mark one box)

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

Name ________________________________________________________________

(Print or type)

Address ____________________________________________________________________________________________

Organization ______________________________________________________________________________________

Phone _____________________________________________________________________________________________

Signature _________________________________________________________________________________________
Please submit nomination forms by **June 27** 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.