

2024 LPHA Award Nomination

Send to: Louisiana Public Health Association
ATTN: Awards Committee
7515 Jefferson Hwy., # 161
Baton Rouge, LA 70806
Email: LPHA.health@gmail.com

Deadline: **February 28, 2024**

I nominate: _____

LPHA Award: _____

Home address of candidate: _____

Job Title or Position: _____

Employer: _____

The following information supports the qualifications of the candidate for the award:

Be specific! Cite: (1) length of service; (2) activities which qualify the candidate for the award; (3) personal and professional biographical data; and (4) for the Founders Award, enclose supporting data on research conducted or documentation of the pioneering performance. Use additional sheets if necessary.

Submitted by: _____

LPHA Member Telephone: _____

Address/City/State/Zip Code: _____

NOTE: All nominations must contain: (1) biographical sketch; (2) a color head shot photo; and (3) approximately two written paragraphs on why the individual was nominated for the award. Copy can be single or double spaced, but must be kept to a single page.