**Nomination Packet for the 2017 Thomas E. Crow Mentor Award**

**U.S. PUBLIC HEALTH SERVICE**

**ENVIRONMENTAL HEALTH OFFICER PROFESSIONAL ADVISORY COMMITTEE**

**Purpose**

The **Thomas E. Crow Mentor Award** recognizes significant contributions by an individual who has enhanced professional growth and career development of environmental health professionals working in the U.S. Public Health Service by serving in a mentoring capacity.

**Eligibility**

Active duty PHS Commissioned Corps officers in the Environmental Health Officer Category (O4 and above) and Civil Service personnel (GS-12 and above) who practice environmental health, occupational health and safety, industrial hygiene, or radiological health are eligible for this award.

Potential awardees must have served as a mentor in at least one of the following capacities:

* As a part of the EHOPAC Mentoring & Orientation program
* As a part of other agency-sponsored mentoring programs
* As a Jr. COSTEP preceptor
* As an advisor to a graduate or fellowship student
* As an unofficial mentor of an environmental health professional

**Criteria**

The **Thomas E. Crow Mentor Award** was established to recognize the accomplishments of Environmental Health Professionals who serve in an exemplary mentoring role to a less tenured officer(s). Award criteria are based on:

* Fostering esprit de corps of the Commissioned Corps during the mentoring process
* Demonstrating the impact the mentor had on the protégé by furthering or influencing junior officer career development

**Nomination Process**

Candidates may be nominated by supervisors, colleagues, fellow officers, protégés (junior environmental health officers), or program managers. **The nomination should consist of a narrative not to exceed two pages (single-spaced, 12 point Times New Roman font, 1 inch margins). Please submit the Nomination Form with signatures in PDF format. The narrative statement should be submitted in Microsoft Word format.** The narrative should highlight the nominee’s successful mentoring role(s) as described in the Criteria Section above. All nominations must be accompanied by the Nomination form (attached), which will serve as the nomination cover sheet. The completed nomination form and narrative must be submitted to the Chairperson of the Environmental Health Officer Professional Advisory Committee (EHOPAC) Awards Subcommittee by **12:00 pm EST,** **March 6, 2017.**

**Selection Process**

The EHOPAC Voting Members will review all nominations and score them according to the award criteria to select the award recipient.

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**Nominee Information**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rank/Grade (identify O-4/GS-12 and above):** \_\_\_\_\_\_\_\_\_ **PHS Serial #:** \_\_\_\_\_\_\_\_ **EMPLID#**\_\_\_\_\_\_\_\_\_\_\_

**PHS OPDIV/Agency:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Duty Station & Complete Mailing Address:**

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 **Email address: ­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registrations/Certifications:** Identify type (i.e., RS/REHS/REHP/CIH/CSP/etc.) and indicate the State or Association and list the expiration date.

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**Academic Degrees:** (List institution, degree, and graduation date)

**Professional Associations/Technical Societies:** (List memberships and any offices held)

**Name, Title, and Email Address of the Nominee’s Immediate Supervisor:**

**Signature of Immediate Supervisor: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name, Title, and Email Address of Nominator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **Signature of Nominator: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Electronically submit this completed form and the narrative statement to:**

CDR Jamie Mutter

Chair, EHOPAC Awards and Recognition Subcommittee

Email: **zwy4@cdc.gov**Phone: (404) 498-6664