**Nomination Packet for the 2017 John C. Eason Award**

**U.S. PUBLIC HEALTH SERVICE**

**ENVIRONMENTAL HEALTH OFFICER PROFESSIONAL ADVISORY COMMITTEE**

**Purpose**

The **John C. Eason** Award was established to recognize the accomplishments of talented newcomers to the field of environmental health and moreover, to recognize the promise these individuals hold for the future of the Public Health Service.

**Eligibility**

Eligibility is limited to active duty PHS Commissioned Corps officers in the Environmental Health Officer Category at the O-3 level and below and Civil Service personnel at the GS-11 level and below who have served 5 years or less with any PHS agency, including persons detailed by PHS to other agencies (e.g. Coast Guard, EPA, National Park Service). The nominee must be engaged in the practice of environmental health, occupational health and safety, industrial hygiene, or radiological health. The rank/grade of the nominee is determined at the time the nomination is submitted. Individuals subsequently promoted will not be precluded from eligibility.

**Criteria**

The criteria will focus on the following two themes:

* One or more notable and commendable contributions toward the advancement of environmental health to the benefit of a localized or broad population.
* Evidence of exemplary performance indicating that the nominee will continue to serve the Public Health Service with excellence, honor, and distinction.

**Nomination Process**

Candidates may be nominated by supervisors, colleagues, 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 address the individual’s contributions to environmental health as described in the Criteria section above. The narrative should provide specific information describing the role the nominee played in each accomplishment noted, a clear and concise description of how each accomplishment impacted public health and why the nominator believes such outstanding accomplishments will continue in the future. All nominations must be accompanied by the Nomination Form (attached) which will serve as the cover sheet. The completed nomination form and narrative must be submitted to the Chairperson of the Environmental Health Officer Professional Advisory Committee (EHOPAC) Awards and Recognition Subcommittee no later than **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-3/GS-11 or below):** \_\_\_\_\_\_\_\_\_\_\_\_**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**](mailto:zwy4@cdc.gov)Phone: (404) 498-6664