**Nomination Packet for the 2017 John G. Todd Award**

**U.S. PUBLIC HEALTH SERVICE**

**ENVIRONMENTAL HEALTH OFFICER PROFESSIONAL ADVISORY COMMITTEE**

**Purpose**

The **John G. Todd Award** is the highest honor given by the EHOPAC. The award recognizes an exemplary senior-level environmental health professional for significant career contributions in achieving the PHS mission of improving the Nation's health through the practice of environmental health.

**Eligibility**

Active duty PHS Commissioned Corps Officers in the Environmental Health Officer Category at the O-6 level and above and Civil Service personnel at the GS-14 level and above who are primarily engaged in the practice of environmental health, occupational health and safety, industrial hygiene, or radiological health and who have at least 15 years of work experience in these professional fields are eligible for this award.

**Criteria**

This award is bestowed upon an individual with a genuine sense of public service whose career is notable for accomplishments in the field of environmental health. Such achievements should include one or more of the following contributions:

* Management and leadership of a major environmental health program component of the PHS.
* A highly significant achievement in environmental health research or program direction, administration, or implementation.
* Superior series of significant environmental health contributions that have resulted in a major impact on public health, the U.S. Public Health Service, and/or the EHO category.

**Nomination Process**

Candidates may be nominated by supervisors, colleagues, or program managers. **The nomination should consist of a narrative not to exceed three 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 described in the Criteria section above. The narrative should provide specific information that describes the role the nominee played in each accomplishment noted and a clear and concise description of how the accomplishment had an impact upon public health, the U.S. Public Health Service, and/or the EHO category. 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 and Recognition 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-6/GS-14 or higher):** \_\_\_\_\_\_\_\_\_\_\_ **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