

## U.S. Public Health Service

## Environmental Health Officer Professional Advisory Committee (EHOPAC)



## RECRUITMENT EVENT(S) REPORTING FORM

CECTION 1 OFFICED INFORMATION							
SECTION 1 - OFFICER INFORMATIO				OFF	NO	DANIZ/CDADE	
OFFICER'S NAME (Print last, first, middle initial)				SERNO		RANK/GRADE	
OPDIV/AGENCY	WORK ADDRESS						
CANAL							
CITY		STATE			ZIPCODE		
WORK EMAIL		WORK PHONE					
SECTION 2 - EVENT INFORMATION							
SECTION 2 - EVENT INFORMATION		AUDIEN		CE NIB OED OF		VIDTUALO	
FACILITY/ESTABLISHMENT NAME	CIT	Y, STATE	(i.e. students,		NUMBER OF ATTENDEES	VIRTUAL? Y/N	
			professiona	ıls)			
						<del> </del>	
LIST OTHER PRESENTERS:							
Check this box if you are part of	the Ac	lopt-a-Schoo	l Program				
						_	
After completing this for	m, plea	ase save and	e-mail to th	ie R	AE Events Lea	ad.	