NOMINATION COVER SHEET

Outstanding Health Services Professional of the Year

The 2015 Stanley Kissel Award

Name and Rank: _____

Position Title: _____

Work Address: _____

_____

_____

Work Phone: _____ Email_____

Proposed Citation: _____

_____

_____

Nominated by: _____

(Name, Title, Rank)

Work Phone: _____ Email_____

Relationship
To Nominee: _____

_____

Signature Date

Email complete nominations in **ONE** complete/comprehensive PDF file to:
LCDR Amy Strain (Petersen) at APetersen@hrsa.gov

Complete nominations must include:

1. Signed nomination form
2. Nomination summary of duty performance as a basis for nomination (maximum 2 pages, size 12 Times New Romans font and 1 inch margins all around)
3. Current curriculum vitae (CV) and CV summary sheet that follow HSO Guidelines.

Nominations that do not follow the correct format will not be reviewed.

Completed nominations must be received by February 27, 2015 COB
(Incomplete nominations will not be considered)

***2015 members of the HS PAC are not eligible to receive this award.**

****All Nominees must meet and maintain Readiness Standards throughout the year.**