Eligibility

The career of the recipient of this award will demonstrate the following achievements:

- Leadership among local health departments demonstrated by energetic volunteer service to NACCHO
- Significant contributions to the field of local public health practice as a thoughtful leader and representative of NACCHO
- Commitment, skill, and effort demonstrated on behalf of NACCHO

The deadline to submit a nomination is Monday, April 22, 11:59 PM PST. The award recipient will be selected in the spring and recognized at the 2019 NACCHO Annual Conference, July 9–11 in Orlando.

To submit an application, visit application.naccho.org.

Read more about previous winners and their contributions to public health.
First, tell us about you:

First Name: ___________________________________________________________________________

Last Name: ___________________________________________________________________________

Credentials: ___________________________________________________________________________{

Job Title: _____________________________________________________________________________

Organization Name: ___________________________________________________________________

Address: _____________________________________________________________________________

City: _______________________________________________ State: _____________ Zip: ___________

Phone: ______________________________________________________________________________

E-mail: ______________________________________________________________________________

Now, tell us about the person you are nominating:

First Name: ___________________________________________________________________________

Last Name: ___________________________________________________________________________

Credentials: ___________________________________________________________________________{

Job Title: _____________________________________________________________________________

Organization Name: ___________________________________________________________________

Address: _____________________________________________________________________________

City: ________________________________________________ State: ___________ Zip: ____________

Phone: ______________________________________________________________________________

E-mail: ______________________________________________________________________________
Please limit your response to a maximum of 1,000 words plus attachments.

What is your relationship to the person you are nominating?

Service to NACCHO: