

# 2020 Maurice “Mo” Mullet Lifetime of Service Award



NACCHO's Mo Mullet Lifetime of Service Award honors local health officials for noteworthy service that reflects Mullet's commitment, vigor, and leadership. Mo Mullet served on the NACCHO Board of Directors for three years, Vice President for four years, and President from 1992 to 1994. During his career, Mo achieved statewide and national recognition as a leader among local health officials and in the field of public health.

This award honors current or former local health officials for noteworthy service to NACCHO that has reflected the commitment, vigor and leadership exemplified by Mo's distinguished career.

## 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 leader and representative of NACCHO
- Commitment, skill and effort demonstrated on behalf of NACCHO

The award recipient will be selected in the spring and recognized at the 2020 NACCHO 360 conference, July 7–9 in Denver.

The deadline to submit a nomination is Friday, May 1, 2020 at 11:59 PM PST.



**FOR MORE INFORMATION, PLEASE CONTACT:**  
[awards@naccho.org](mailto:awards@naccho.org)



National Association of County & City Health Officials

*The National Connection for Local Public Health*



**Public Health**  
Prevent. Promote. Protect.

The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

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**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: \_\_\_\_\_

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**What is your relationship to the person you are nominating?**

**Professional Qualities and Volunteer Work:**

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## Achievements:

## Supporting Materials:

**NACCHO**

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