

OEHA SOUTHEAST DISTRICT NOMINATION FORM

Membership Recognition Award

Name _____ Title _____

Place of Employment _____ Phone # _____

I am nominating _____ for the OEHA
Southeast District Membership Recognition Award because _____

Outstanding Sanitarian Award

Name _____ Title _____

Place of Employment _____ Phone # _____

I am nominating _____ for the OEHA
Southeast District Outstanding Sanitarian Award because _____

District Director-Elect Nomination (Nomination deadline is September 18, 2018)

Name _____ OEHA Membership # _____

Place of Employment _____ Phone # _____

Signature of Nominator _____

OEHA Membership Number _____

Return to:

Kathryn Madden, RS
Columbus Public Health
240 Parsons Ave.
Columbus, OH 43215

OR EMAIL INFORMATION TO: KCMadden@Columbus.gov

*****Deadline for award nominations is August 17, 2018*****