

N.W.O.E.H.A.
Nomination Form
for
SANITARIAN OF THE YEAR
or
IVAN BAKER MEMBERSHIP AWARD

SANITARIAN OF THE YEAR: One who has demonstrated an outstanding performance in the field of Environmental Health

MEMBERSHIP RECOGNITION: One who has demonstrated an outstanding service to OEHA.

Name of Nominee: _____

Nominated for: Sanitarian of the Year Ivan Baker Membership Award

Title: _____

Place of Employment: _____

Address: _____

Phone No.: _____ Email: _____

Please answer all of the following questions:

1. How many years has nominee been a sanitarian? _____ years
2. How many years has nominee been a member of OEHA? _____ years
3. Is nominee a member of any other professional organization(s)? ___ Yes ___ No
4. Has nominee held any office or served on any other special committees of professional organizations? ___ Yes ___ No
5. Is nominee published? ___ Yes ___ No
6. List nominee's highest level of education: _____
7. Has nominee received any work-related awards or honors? ___ Yes ___ No
8. Describe why the person is deserving of the award. (Write on back or attach)

Name of Nominator: _____

Place of Employment: _____

Address: _____

Phone No.: _____ Fax No: _____ Email: _____

RETURN TO: Nicki Rumschlag
Seneca County General Health District
71 S. Washington St., Suite 1102 Tiffin, OH 44883
Phone: (419) 447-3691 ext. 348 nrumschlag@senecahealthdept.org
Fax: (419) 448-5782

RETURN BY:

*For more than one nomination, feel free to copy this form.