

Illinois Environmental Health Association

Sanitarian of the Year Award Nomination Form



Application must be submitted by September 1st



Illinois Environmental Health Association **Sanitarian of the Year Award Nomination Form**

Qualification and Submission Requirements

1. Complete all portions of the nomination form.
2. Provide on as a separate attachment a professional biography, which includes the following information:
 - Any license or registration pertaining to environmental health that the candidate possesses such as Licensed Environmental Health Practitioner (LEHP), Lead Inspector or Risk Assessor, Illinois Food Service Sanitation Certification, Registered Environmental Health Specialist through the National Environmental Health Association (NEHA REHS/RS). Please include license/registration numbers.
 - The performance of professional duties in the field of environmental health above and beyond the usual employment requirements.
 - Active participation in the Illinois Environmental Health Association (IEHA), including offices held, committee membership, technical section membership, planning committees for educational events, etc. Current and past service to IEHA is a prime consideration.
3. Provide letters from three active IEHA members endorsing the candidate. The person submitting the application may provide one of the letters.
4. The candidate must be an active IEHA member.
5. The candidate cannot nominate himself or herself for this award.
6. The nomination form must be signed by the person submitting the nomination.
7. The nomination package must be received at the IEHA office no later than **September 1st**. Send the package to:

Illinois Environmental Health Association
ATTN: Awards Committee
P.O. Box 7505
Rockford, Illinois 61126

Email submissions are accepted: iehaoffice@gmail.com

8. Questions about the award should be submitted to the IEHA Office Phone (815) 977-5884 or to the email address above.

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Please print or type and complete all sections

Application Date: _____

Candidates Name: _____

Home Address: _____

City/State/Zip: _____

Home Phone Number: _____

Work Phone Number: _____

Email Address: _____

Education and Collegiate Achievements (if possible, a current resume containing this information may be accepted in lieu of completing this section):

1. Degree: _____ Institution: _____

Major: _____ Date Conferred: _____

2. Degree: _____ Institution: _____

Major: _____ Date Conferred: _____

3. Honorary Societies (give society and offices held):

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4. Scholastic Awards:

5. Organizations (name and any offices held):

6. Other Activities: _____

Professional/Technical Societies (society name, office held, responsibilities, dates involved):

Civic and Humanitarian Activities: (organization name, office held, responsibilities, dates involved):

Work History (employers, position titles, responsibilities, dates employed):



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Continuing Competence: (graduate studies, short studies, seminars, papers published/presented):

Signature of Nominator: _____

Printed Name of Nominator: _____

Telephone Number of Nominator: _____

Email Address of Nominator: _____

For Office Use Only

Date Nomination Package Received: _____

Candidate Chapter: North Central South Out of State

IEHA Active Membership Verified: Yes No

Notes: _____
