

Illinois Environmental Health Association

# Sanitarian of the Year Award Nomination Form



Application must be submitted by September 1<sup>st</sup>



# 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 1<sup>st</sup>**. 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](mailto: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:

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5. Organizations (name and any offices held):

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6. Other Activities: Dale Carnegie Graduate 2014

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

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

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

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

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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: \_\_\_\_\_

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