



# Illinois Environmental Health Association SANITARIAN OF THE YEAR AWARD Nomination Form

(Please Print or Type)

Year \_\_\_\_\_

1. Candidate's Name: \_\_\_\_\_

2. Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

3. Telephone Numbers: Work: \_\_\_\_\_

Home: \_\_\_\_\_

4. IEHA Chapter Affiliation: \_\_\_\_\_

5. Registration/Licensure: Illinois (LEHP) \_\_\_\_\_ NEHA \_\_\_\_\_  
Year Year

6. Educational and Collegiate Achievements:

a. Basic Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Institution: \_\_\_\_\_ Date: \_\_\_\_\_

b. Advanced Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Institution: \_\_\_\_\_ Date: \_\_\_\_\_

c. Honorary Societies: (give society and office(s) held):

\_\_\_\_\_  
\_\_\_\_\_

d. Scholastic Awards:

\_\_\_\_\_  
\_\_\_\_\_

e. Organizations: (give society and office(s) held):

\_\_\_\_\_  
\_\_\_\_\_

f. Other Activities: \_\_\_\_\_

\_\_\_\_\_

Sanitarian of the Year Award (continued)

7. Professional and/or Technical Societies (society name, office held, responsibilities, period of time)

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8. Civic and Humanitarian Activities (society name, office held, responsibilities, period of time)

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9. Work History (employers, position titles, responsibilities, period of time)

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

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Include With Your Nomination:

1. A professional biography. Include the following information:
  - a. Any license or registration pertaining to Environmental Health that the candidate possesses such as: Licensed Environmental Practitioner (LEHP), Lead Inspector or Risk Assessor, Illinois Food Service Sanitation Certification, Registered Environmental Health Specialist (REHS) through the National Environmental Health Association.
  - b. The performance of professional duties in the field of Environmental Health above and beyond the usual employment requirements so as to evaluate the status of the sanitarian.
2. Letters from three (3) active IEHA members endorsing the candidate (an endorsement letter from the submitter counts as one (1) letter).
3. The candidate must be a current IEHA member.

NOMINATION MUST BE SIGNED THE SUBMITTER

NOMINATIONS MUST BE RECEIVED BY SEPTEMBER 1.

\_\_\_\_\_  
Signature of Submitter

\_\_\_\_\_  
Date

Return completed nomination form and above information to:

Illinois Environmental Health Association  
PO Box 609  
Rochelle, IL 61068-0609