

**Ohio Public Health Association  
Excellence in Public Health Policy Award**

The Excellence in Public Health Policy Award is given to an individual, group, agency, or organization that has contributed significantly to the public health field through the crafting and/or promotion of public policy. The nominee does not need to be an association member but their nomination should be accompanied by one signature of a current OPHA member. The nominee shall have the consideration of the Awards Committee, the Policy and Advocacy Committee, and the recommendation of the Governing Council for consideration.

**Nomination Procedure**

All health departments and other agencies are encouraged to submit nominations for the 2010 OPHA Excellence in Public Health Policy Award. The award will be presented during the first Annual Awards Dinner during the Combined Public Health Meeting on the evening of Tuesday, May 11, 2010 in Columbus.

All nominations for the award should be submitted on the prescribed form, accompanied by supporting documents.

E-mail completed nomination form to:

Shelley A. Francis, DrPH, MPH, CHES  
The Ohio State University  
Phone: 614.292.4216  
E-mail: [sfrancis@cph.osu.edu](mailto:sfrancis@cph.osu.edu)

***DEADLINE FOR SUBMISSION – March 30, 2010***

Nominations received after **March 30th, 2010**, cannot be guaranteed consideration for the 2010 award.

**OHIO PUBLIC HEALTH ASSOCIATION  
Excellence in Public Health Policy Award**

**For an outstanding contribution of major significance to the public health in Ohio  
during the previous calendar year (January 1 – December 31, 2009)**

(Please print or type)

Full Name of

Nominee \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone

Business \_\_\_\_\_

Home \_\_\_\_\_

E-mail \_\_\_\_\_

Describe the **outstanding** contribution of major significance to the public health movement this individual, group or agency made during the previous calendar year which makes the nominee eligible for this award.

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

Describe the impact of this contribution.

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

Why should this individual, group or agency be considered for this award at this time?

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

**Attach any copies of any supporting documentation for this nomination.**

The following are the necessary and required signatures of members of the Ohio Public Health Association.

Signature of a current OPHA member:

\_\_\_\_\_