VIRGINIA ENVIRONMENTAL HEALTH ASSOCIATION

A. Clarke Slaymaker Award

NOMINATION FORM

Date of Submission: ______________________

Name of Candidate: ______________________________________________

Job Title: ________________________________________________

Work Location: ____________________________________________

Address: __________________________________________________

Email Address: _____________________________________________

Telephone Number: __________________________

Nominated By: (Two signatures minimum)

Name/Title: ______________________________________________
Tel. Number: __________________________
Email Address: __________________________________________
VEHA Member: YES or No

Name/Title: ______________________________________________
Tel. Number: __________________________
Email Address: __________________________________________
VEHA Member: YES or No
To be eligible for the A. Clarke Slaymaker Award, a nominee must:

1. NOT be employed as an Environmental Health Professional

2. NOT be actively engaged in the field of environmental health but has provided outstanding support to the profession of Environmental Health, and the EH programs in the Commonwealth of Virginia

Nominations:

1. Candidates must be nominated by a VEHA member, or members, in good standing

Briefly describe the contributions this candidate has made toward advancing the Environmental Health Profession. Please attach any additional information you deem necessary. The Awards Committee may contact you for additional information. Provide your comments below:

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Please submit electronically to bryant.wooden@virginiaeha.org
Subject line: EH Professional of the Year