



Outstanding Board of Health Award Nomination Form

- The nominee must be part of a board that is a member of InALBOH or an individual **member of InALBOH**.
- The nominee has made **significant contributions** in the field of public health.
- The nominee is an **effective advocate** for public health at the local, regional and/or state level.

Date: _____ County: _____

Name of Nominee: _____

Address: _____

Phone: _____ Email: _____

Name of Nominator: _____

Address: _____

Phone: _____ Email: _____

Signature of Nominator: _____

Justification for award (please include additional pages if needed):

Award will be presented at the InALBOH Annual meeting.

Please mail form to IPHA 3838 N. Rural, Rm 214 Indianapolis, IN 46205.