

**COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
2014 LIVE WELL SAN DIEGO PUBLIC HEALTH CHAMPION AWARDS
General Nomination Form**

Nomination for:

Live Well San Diego Public Health Champion Awards – Theme 2014 “Public Health: Start Here! Today’s Public Health Professionals are Helping Individuals and Communities Navigate the Changing World of Public Health”

(Please use TAB key to move through checkboxes and to get to form boxes below. Use Spacebar to check or uncheck the checkboxes. Once inside a form box, just type text. Use down arrow key or mouse pointer to move to following form boxes.)

- Live Well San Diego Public Health Champion Award – Theme*
- Live Well San Diego Public Health Champion Award – Individual*
- Live Well San Diego Public Health Champion Award – Organization*

Nominee*: <i>(Please type or print clearly)</i>	
Name: Type text here. Use down arrow or mouse pointer to move to another form box.	
Address: Type text here. Use down arrow or mouse pointer to move to another form box.	
City: Type text here. Use down arrow or mouse pointer to move to another form box., CA	Zip Code: Type text here. Use down arrow or mouse pointer to move to another form box.
Phone (with Area Code): Type text here. Use down arrow or mouse pointer to move to another form box.	Fax (with Area Code): Type text here. Use down arrow or mouse pointer to move to another form box.
E-Mail: Type text here. Use down arrow or mouse pointer to move to another form box.	
Length of Service: Type text here. Use down arrow or mouse pointer to move to another form box.	
Disciplinary Area of Service: Type text here. Use down arrow or mouse pointer to move to another form box.	
<i>*(Please note: HHS employees are not eligible as nominees)</i>	
Nominated by: <i>(Please Type or Print Clearly)</i>	
Name: Type text here. Use down arrow or mouse pointer to move to another form box.	
Address: Type text here. Use down arrow or mouse pointer to move to another form box.	
City: Type text here. Use down arrow or mouse pointer to move to another form box., CA	Zip Code: Type text here. Use down arrow or mouse pointer to move to another form box.
Phone (with Area Code): Type text here. Use down arrow or mouse pointer to move to another form box.	Fax (with Area Code): Type text here. Use down arrow or mouse pointer to move to another form box.
E-Mail: Type text here. Use down arrow or mouse pointer to move to another form box.	

Required Attachments:

1. Nomination letter should state specific rationale/justification for the candidate's nomination for one of the categories above. In addition, the letter should include information on the candidate's public health background/experience, volunteer efforts (non-paid activities outside of work duties), career achievements (activities above and beyond normal work activities), and prior awards. The letter should also provide results or outcomes from these efforts and the significance of these contributions in improving the health of the community such as the number served or number reached by the activities carried out, programs developed, changes implemented, policies enacted. Information on the candidate's active involvement in the community as well as any previous recognition by the community served by the candidate should be included.
2. Letters of support may be provided describing specific contributions related to the candidate's nomination. (Letters should be addressed to the 2014 *Live Well San Diego* Public Health Champion Award Selection Committee, and sent to the address below.)
3. The candidate's resume or Curriculum Vitae is strongly desired, but not required.

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**CHECKLIST FOR PUBLIC HEALTH CHAMPION
AWARD NOMINATION**

Candidate is:

A resident of San Diego

An **individual** (community leader/representative) from the private sector or government **or** an **organization** from the private sector or government.

(Please Note: HHSa employees are *not* eligible as nominees.)

Candidate must:

Demonstrate exemplary service in areas of public health that protect and promote the health of the local population.

Possess a minimum of 10 years experience in the public health field.

Please complete one nomination form for each nominee and submit along with the required nomination letter and CV/resume, if available.

Nomination letter must include:

- Candidate's background/experience including results or outcomes of efforts; such as, numbers of individuals served or reached by the activities, programs developed, changes implemented and/or policies enacted.
- Volunteer efforts and/or work efforts above and beyond normal work duties.
- Previous awards or recognition.
- Description of outstanding leadership.
- Other supporting documentation (i.e. letters of support, resume/CV, etc.)

**All nomination materials must be submitted no later than
Friday, January 31, 2014 to:**

Joselyn Hall

County of San Diego, Health and Human Services Agency

Live Well San Diego Public Health Champion Awards Selection Committee

MS P511H, 3851 Rosecrans, Suite 522, San Diego, CA 92110

Or by e-mail to: Joselyn.Hall@sdcounty.ca.gov

If you have further questions please e-mail Joselyn.Hall@sdcounty.ca.gov or call (619) 692-5692.

The *Live Well San Diego* Public Health Champions Awards is a program of the County's *Live Well San Diego* initiative, a 10-year strategic plan that promotes healthy, safe and thriving communities.