

**SOUTHERN HEALTH ASSOCIATION
2012 Award Nomination Form**

Nominee: _____
Name Title

Agency Telephone

Address

Nominated for:

- | | |
|---|---|
| <input type="checkbox"/> Special Meritorious Award | <input type="checkbox"/> Ficquett-Holley Award |
| <input type="checkbox"/> Howell Special Meritorious
Service to Public Health Award | <input type="checkbox"/> Outstanding Legislator Award |
| <input type="checkbox"/> Charles G. Jordan Award | |

Brief Justification _____

Please attach a curriculum vitae of the nominee and/or other information supporting the nomination.

Submitted by:
Name _____
Address _____

Send to: Dennis Thompson, Chair
SHA Awards Committee
Region 7 – SC DHEC
4050 Bridge View Dr., Suite 600
North Charleston, SC 29405
E-mail: Thompsds@dhec.sc.gov

(Deadline for submitting nominations – February 1, 2012)