U.S. PUBLIC HEALTH SERVICE

Nurse Professional Advisory Committee (N-PAC)

Cover Sheet for Award Nominations

Name of Award: **2013 Lucille Woodville Award**

Nominee Grade/Rank/Name/Credentials: _____

PHS # (if applicable) _____

Work Address/Phone number/email address: _____

_____

_____

Proposed citation (not to exceed 25 words)

_____

_____

_____

Recommended by: _____

Address: _____

Phone Number: _____

Name of Candidate's Immediate Supervisor: _____

Address and contact information for supervisor _____

_____

Signature of Immediate supervisor:

_____

Signature Date