U.S. PUBLIC HEALTH SERVICE
Nurse Professional Advisory Committee (N-PAC)
Awards Sub-committee

Award Nomination Cover Sheet

Name of Award: **2017 Nurse Responder of the Year**

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 Candidates Immediate Supervisor: _____

Address and contact information for supervisor
_____
_____
_____

Signature of immediate supervisor:

_____
Signature Date