

**HEALTH EDUCATION MENTOR AWARD
Nomination Form**

Deadline: July 31st of each calendar year

Name of Nominee/Degree _____
Current Title _____
Institution/Organization _____
Address _____
City _____ State _____ Zip _____
Phone () - Fax () - E-Mail _____
Nominator _____
Address _____
City _____ State _____ Zip _____
Phone () - Fax () - E-Mail _____

✓ NOMINATION CHECKLIST ✓

Nomination Form.

Nomination letter describing a) how the nominee has mentored an individual or individuals, and b) how the nominee meets the eligibility criteria for the award.

Letters of Support (three - five, not required to be SOPHE members) speaking to the mentoring qualities of the nominee. (Please indicate the names of individuals)

1. _____
2. _____
3. _____
4. _____
5. _____

Recent Curriculum Vitae or Resume for the nominee.

If selected, nominator will attend SOPHE's Annual Meeting Award's Banquet.