



University of Nebraska Medical Center
College of Public Health
Chancellor Robert D. Sparks, M.D., Award in Public Health and Preventive Medicine
Nomination Form

Nominee Name _____ Title _____
Address _____ City _____ State _____ Zip _____
Telephone _____ E-mail _____

Please answer the following questions about the nominees and his/her work using no more than two (2) attached pages.

- How has the nominee demonstrated **excellence** in his/her work in public health and preventive medicine?
- How has the nominee demonstrated **innovation/creativity** in his/her work in public health and preventive medicine?
- How has the nominee reflected the principles and practices of **effective collaboration** in his/her work in public health and preventive medicine?
- How has the nominee made a **measurable impact** on health promotion, disease prevention, and advancement of effective public health approaches?

Your Name _____ Title _____
Address _____ City _____ State _____ Zip _____
Telephone _____ E-mail _____
Relationship to Nominee _____

Have you informed nominee of this nomination? Yes _____ No _____

Letter(s) of support are anticipated from:

Name _____ Title _____
Name _____ Title _____

Attach nominee's curriculum vita (CV) or resume. Please include headshot photograph (jpeg or tiff) and a 150 word biography that could be used in the awards program if selected to receive the award.

Send nomination materials to:

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Materials must be received by January 30, 2015.