



## National Capital Area Environmental Health Association Nomination Form for: Environmental Health Innovation Award

**About the award:** *This award is presented to a NCAEHA member or organization for creating a new idea, practice or product that has had a positive impact on improving the environment or public health and quality of life. The purpose of this award is to recognize these individuals and to encourage others to search for creative solutions.*

*Recognized for:*

- A new idea
- A new practice
- A new product
- or similar

### **NOMINATED BY:**

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### **NOMINEE:**

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Innovation: \_\_\_\_\_

Please attach a brief (one page or less) explanation of the reasons you believe that the above named individual should be selected as this year's **Environmental Health Innovation Award** recipient. Specifically describe how this person or team has impacted the environment or public health and quality of life through their new health innovation.

**THE NOMINATION COMMITTEE MAY CONTACT YOU FOR ADDITIONAL INFORMATION.**

Nominations may be sent either by postal service or email to  
NCAEHA and must be received by **June 1, 2023**.

Send complete nominations to: **NCAEHA.VP.Membership@gmail.com**