

NOMINATION COVER SHEET

Outstanding Health Services Professional of the Year

The 2010 Joseph Garcia Jr. Award

Name and Rank: _____
Position Title: _____
Work Address: _____

Work Phone: _____ Email _____
Proposed Citation: _____

Nominated by: _____
(Name, Title, Rank)
Work Phone: _____ Email _____
Relationship _____
To Nominee: _____

Original Signature

Date

Email, narrative CV and a scanned copy of cover sheet with original signature to: CDR, Travis L. Fisher at travis.fisher@ihs.gov

Completed nominations must be received by March 19, 2010, Close of Business
(Incomplete nominations will not be considered)

***Members of the 2010 HS-PAC are not eligible**
****All nominees must meet and maintain readiness standards throughout the year**