### DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service

# UNIT HONOR AWARD NOMINATION RECORD PART I

NAME OF U	INIT								
PROPOSED AWARD					PERIOD COV	ERED	(From)	(	Го)
NOTE: (Synopsis of specific achievement for which the unit is being nominated must be limited to 25 words.)									
CITED FOR									
MEMBERS	NOMINATED: Com	nmissione	d officers and c	nts. <i>(Use exti</i>	e extra sheet if needed.)				
NAME						PHS # OPER			RATING DIVISION
the relevan	ator certifies that the unt information. Addition is being nominated for the officers being the officers ben	onally, the i or another a	nominator certifies ward for which the	s that each	officer named	merits re	ceipt of the aw	ard, and non	ne of the officers has
	NOMINATOR (SIGNATURE)  NAME AND TITLE (7							DATE	
ENDORSE	MENTS:								
			Supe	ervisory /	Line Authori	ty			
SIGNATURES			NAME AND TITLE (TYPED			O) AWARD ENDORSED (See Note below)		DATE	
				(222.00					
		Ор	erating Division	(OPDIV)	Awards Boa	ard Chair	person		
			<u> </u>						
Approving Authority									
OPDIV Awards Coordinator									
NOTE: Use abbreviation (i.e., OUC, UC). If no award or a different award is endorsed, give reason in "comment" below. (Use extra sheet if needed.)									
COMMENT									
ССАВ	DATE	ACTION	Recommended	Not Reco	ommended	COMMEN	ITS		
SURGEON GENERAL	DATE	ACTION	Approved	Not Appr		COMMEN	ITS		
		1				<u> </u>			

# UNIT HONOR AWARD NOMINATION RECORD PART II

OFFICER'S NAME (Last)		(First)	(Middle)			
PHS RANK (O - 1 through O - 10)	PHS PROFESSIONAL CATEGOR	Y	PHS SERIAL NO.			
CURRENT ORGANIZATION		ORGANIZATIONAL TITLE OR POSITION				
A. CHRONOLOGY OF PERTINENT SER     List all positions held as a commission.		vered by award nomination.				
OPDIV/PROGRAM/OF	RGANIZATION	POSITION TITLE	TIME PERIOD			
the current nomination dates, the nor nomination. The specific achievement	mination narrative should clarify the for which the officer was recognizedCovering the per	e basis for the prior award and it d and the period covered (mm/yy) n eriod beginning (use month & yea	or awards). If the period cited overlaps with serelevance or nonrelevance to the present nust be included.  ar)ending			
AwardRecognized for:			ar)ending			
Award  Recognized for:	3 1	eriod beginning (use month & yea	,			
Award	Covering the pe	eriod beginning (use month & ve	ar)ending			
Recognized for:						
Award	Covering the pe	eriod beginning (use month & yea	ar)ending			
•						
			ar)ending			
Recognized for:						
Award	Covering the pe	eriod beginning (use month & yea	ar)ending			
Recognized for:						
Award	Covering the pe	eriod beginning (use month & yea	ar) ending			
Recognized for:						

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service

#### INSTRUCTIONS FOR COMPLETING THE COMMISSIONED CORPS UNIT HONOR AWARD NOMINATION RECORD

PART I -NAME OF UNIT:

For Unit Honor Award nominations, provide the

unit with a name that clearly distinguishes its identity as it relates to the activities performed

by the group.

PROPOSED AWARD:

Award Recommended:

Outstanding Unit Citation (OUC)

Unit Commendation (UC)

PERIOD COVERED:

The beginning and ending dates (month and year) covering the period of the accomplishment. Do not put "present" as an ending date, this part must have a month and year

(e.g., 05/96).

CITED FOR:

Specific achievement for which the group is

being nominated (25 word limit).

MEMBERS

NOMINATED:

List ALL members of the unit being recognized. Include commissioned officers and

civil service employees.

CERTIFICATION:

Self-explanatory.

**ENDORSEMENTS:** 

Endorsers must provide their signatures, titles, and dates. In the space provided for AWARD ENDORSED, enter the award recommended (i.e., the proposed award, "NO AWARD" or a different award than proposed). Nominations that have "NO AWARD" or a lower level award endorsed than the "Proposed Award" should be forwarded to the next level of review until there is concurrence at a level that oversees at least 25 officers. NOTE: This may require the submission of the nomination to a higher level for review than would have originally been necessary for approval of the award.

COMMENT:

For nominations that have "NO AWARD" or a lower level award endorsed, provide relevant

useful comments.

Commissioned Corps Awards Board and the

CCAB: Surgeon General. PART II - Complete Part II for each officer in the unit.

OFFICER'S NAME:

Officer's full name.

RANK:

Rank as a pay grade (i.e., O-1

through O-10).

**PROFESSIONAL** 

CATEGORY:

Medical, Dental, Nurse, Engineer, Sanitarian, Veterinary, Scientist, Pharmacy, Dietetics, Therapy, Health

Services.

PHS SERIAL NUMBER:

List serial number; not social

security number.

**CURRENT** 

ORGANIZATION: Self-explanatory.

**ORGANIZATIONAL** 

TITLE OR POSITION: Self-explanatory.

CHRONOLOGY OF

PERTINENT SERVICE: May be obtained from your Commissioned Corps Liaison.

**PREVIOUS** COMMISSIONED **CORPS HONOR** 

AWARDS:

May be obtained from OPDIV

Awards Coordinator.

NARRATIVE:

The narrative should focus on the unit's contributions, their significance, and how the unit's actions have compared to or exceeded what is expected. The cited actions, their impact and significance are important and should be stated clearly. If the use of technical terms is required, the nomination should contain clarifying statements that are understandable to a multidisciplinary Board. The actions cited should fall within the period covered by the nomination. If any officer has received an honor award in the period cited or for earlier actions that may seem similar or overlapping with those in the current nomination, the nomination should clarify the basis for the prior award(s) and the relevance or nonrelevance to the present nomination. The narrative shall not exceed two single spaced typed pages. Courier 12pt type style is preferred, but a comparable font that would provide no less than 12pt and no more than 12 characters per inch can be used. Ask your OPDIV Awards Coordinator for guidance in preparing award nominations.