DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service

INDIVIDUAL HONOR AWARD NOMINATION RECORD PART I

OFFICER'S	NAME	(Last)	(First)		(Middle	e)	ENTR	Y ON DUTY D	ATE
PHS RANK	(O - 1 through O	- 10)	PHS PROFESSIONAL (CATEGORY	,		PHS	SERIAL NO.	
CURRENT (ORGANIZATION				ORGANIZATIO	ONAL TITLE OR PO	SITION		
PROPOSED AWARD					PERIOD COV	ERED (From) (To)			
NOTE: (Syr	nopsis of specific	achievement f	or which the individual	is being noi	⊔ minated must b	ne limited to 25 word	ls.)		
CITED FOR									
reflects the	relevant inform	ation. Addition	s deserving of the pro nally, the nominator ce except as specifically c	ertifies that					
NOMINATO	R (SIGNATURE)	NAME AN	ND TITLE <i>(T</i>	YPED)	PED)			DATE	
ENDORSE	MENTS:								
			Sup	ervisory /	Line Authority	/			
	SIGNATI	JRES					AWARD ENDORSED (See Note below)		DATE
							(000)		
			Operating Division	n (OPDIV)	Awards Boar	d Chairperson			
				Approving	Authority				
			OPI	DIV Award	ls Coordinato	r			
NOTE: Use at needed.)	obreviation (i.e., D	SM, MSM, OSM	, CM, AM, CIT). If no awa	ard or a diffe	rent award is en	ndorsed, give reason	in "comn	nent" below. (U	se extra sheet if
COMMENT									
	DATE	ACTIO	N			COMMENTS			
CCAB			Recommended	Not Reco	ommended				
SURGEON GENERAL	DATE	ACTIO	N Approved	Not Appr	roved	COMMENTS			

INDIVIDUAL HONOR AWARD NOMINATION RECORD PART II

A. CHRONOLOGY OF PERTINENT SERVICE:

List all positions held as a commissioned officer during the time period covered by award nomination.

OPDIV / PROGRAM / ORGANIZA			
	ATION	POSITION TITLE	TIME PERIOD
PREVIOUS PHS COMMISSIONED CORPS HO Provide a list of all PHS honor awards for the would overlap with this nomination (e.g., a car the current nomination dates, the nomination r nomination. The specific achievement for which	e 3 years prior to the beg eer award nomination won parrative should clarify the	uld include a list of all PHS honor award basis for the prior award and its releva	ds). If the period cited overlaps with
Award	Covering the pe	riod beginning (use month & year)	ending
Recognized for:			
Award	Covering the pe	ried heginning (use month & year)	onding
			_
Recognized for:			
Award	Covering the pe	riod beginning (use month & vear)	endina
Recognized for:			
		riod beginning (use month & year)	ending
AwardRecognized for:			ending
Recognized for:			
Recognized for: Award	Covering the pe		
Recognized for:	Covering the pe		
Recognized for: Award Recognized for:	Covering the pe	riod beginning (use month & year)	ending
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DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service

INSTRUCTIONS FOR COMPLETING THE COMMISSIONED CORPS INDIVIDUAL HONOR AWARD NOMINATION RECORD

PART I -PART II -

OFFICER'S NAME: Officer's full name. CHRONOLOGY OF

FNTRY ON DUTY

Include only service as a commissioned officer. DATE:

PHS RANK: Rank as a pay grade (i.e., O-1 through O-10).

PROFESSIONAL

CATEGORY: Medical, Dental, Nurse, Engineer, Scientist, Pharmacy, Sanitarian, Veterinary, Dietetics,

Therapy, Health Services.

PHS SERIAL NUMBER:

List serial number; not social security number.

CURRENT

ORGANIZATION:

Self-explanatory.

ORGANIZATIONAL TITLE OR POSITION:

Self-explanatory.

PROPOSED AWARD:

Award Recommended:

Distinguished Service Medal With Valor (DSMV)

Distinguished Service Medal (DSM)

Meritorious Service Medal With Valor (MSMV)

Meritorious Service Medal (MSM)

Outstanding Service Medal With Valor (OSMV)

Outstanding Service Medal (OSM) Commendation Medal (CM) Achievement Medal (AM) PHS Citation (CIT)

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., 5/96).

CITED FOR:

Specific achievement for which the officer is being

nominated (25 word limit).

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 & SG:

Surgeon General.

PERTINENT SERVICE: May be obtained from your Commis-

sioned Corps Liaison.

PREVIOUS PHS COMMISSIONED **CORPS HONOR**

AWARDS:

NARRATIVE:

May be obtained from your OPDIV Awards Coordinator.

The narrative should focus on the officer's contributions, their significance, and how the officer's actions have compared to or exceeded what is expected of an officer of this grade and experience. Routine responsibilities and career progression should be included only to establish the context for the actions cited. 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 the 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.