

NJSOPHE AWARDS & SCHOLARSHIPS Health Educator of the Year Nomination & Application

Nominator Information
Name of person making nomination
Title/Position
Workplace/Affiliation
Mailing address
Phone number
Email address
Are you a current member of NJSOPHE? Yes No
Candidate Information MUST BE NJSOPHE MEMBER
Candidate's name
Title/Position
Workplace/Affiliation
Mailing address
Phone number
Email address
of years in NJSOPHE (must be member in good standing) <1
of years of experience in the field of health education <1
Please describe the candidate's key accomplishments and distinguished characteristics in an
essay or video format (attach a separate page and/or file if necessary).

Re	fer	en	ce	S

Please provide the name, email address and phone number for three references. These references may be contacted to better understand the candidate's qualifications.
1.
2.
3.
Signature of person submitting nomination
Date
E-mail your completed application and required documents to:
Krista M. Reale njsopheawards@gmail.com
Applications/Nominations must be received by Friday October 13, 2023.