

## PROCEDURE

### ADVOCATE AWARD

#### 1. Objective

The **Advocate Award** recognizes individuals, companies and/or organizations for their support, commitment and advancement of the field of Environmental Public Health (EPH) in Alberta, Northwest Territories or Nunavut. This award is given to an individual(s), organization(s), and/or company(ies) who in the opinion of members of the Canadian Institute of Public Health Inspectors (Alberta Branch) has demonstrated support of EPH programs and/or EPH Professionals.

#### 2. Eligibility and Criteria

In order to be nominated the following criteria must be satisfied:

- The nominee must be a supporter of the Environmental Public Health profession and conduct activities that provide improvement and advancement to EPH.
- The nominee may:
  - Be a member of another Branch of CIPHI
  - Provide primary services outside of EPH
  - Be a person, company or organization based within or outside Alberta
- The nominee may not be a Regular Member of the Alberta Branch
- The nomination must be made and seconded by individuals who are members in good standing of the Canadian Institute of Public Health Inspectors (Alberta Branch).
- Accurate completion of the nomination form.
- A narrative of no more than 500 words outlining the accomplishments and contributions of the nominee must be completed and attached with the nomination form.
- Members of the Alberta Branch Executive are not eligible for nomination.

#### 3. Application

The Nomination Form and all supporting documentation must be submitted by one of the following methods:

- Via regular post (must be postmarked no later than January 31) to:

CIPHI Alberta  
PO Box 1674, Drumheller, Alberta T0J 0Y0

- Via e-mail (must be received no later than 11:59pm, January 31) to:

branch@ciphi.ab.ca

#### 4. General Policy

- All documentation will be reviewed by the Branch Executive to ensure the information meets the criteria outlined in Article 2. For nominations that are deemed complete, they will be assessed for merit and documented evidence. Based on such assessment, a decision will be made by the Branch Executive.
  - Those Branch Executive members who have had contact with the nominee and that may have a conflict of interest arising from such contact shall inform the Branch President in writing and excuse themselves from this award selection process
- Only one award recipient will be chosen by the Branch Executive for each calendar year.
- The recipient's name may be posted on the CIPHI Alberta Branch Website and printed in the *Alberta Branch Newsletter* to inform the membership.
- The Branch Executive will review, assess, and modify this award as necessary to reflect the philosophy and best interests of the Association and its' membership.

#### 5. Award Presentation Details

The following wording is to be engraved on the award that is given to the recipient:

|   |
|---|
| <p>Advocate Award</p> <p>Year of Presentation (e.g. 2010)</p> <p>Name of Recipient (e.g. Jane Doe)</p> <p>Your advocacy on behalf of Environmental Public Health has merited this recognition</p> |
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#### 6. Revision History

- November 2010 – The Advocate Award replaces the previous Medical Officer of Health Award originally approved in 2008.

**NOMINATION FORM**

**ADVOCATE AWARD**

The **Advocate Award** is presented to an individual, companies or organizations in recognition of their support of Environmental Public Health programs and professionals.

The nomination must be made and seconded by individuals who are members in good standing of CIPHI (Alberta Branch). A narrative of no more than 500 words, outlining the accomplishments and contributions of the nominee, must accompany the nomination form.

The nomination form and supporting information must be forwarded by January 31 using one of the following methods:

**Regular Post**

CIPHI Alberta Branch  
PO Box 1674, Drumheller, Alberta T0J 0Y0

**Email**

branch@ciphi.ab.ca

**Please Print**

|                   |                    |             |
|-------------------|--------------------|-------------|
| Name of Nominee   |                    |             |
| Address           |                    |             |
| City/Town         | Province/Territory | Postal Code |
| Name of Nominator | Signature          |             |
| Name of Seconder  | Signature          |             |

**For Office Use Only**

Date Documentation Received (dd/mm/yyyy):

Reviewed by:

Documentation Received:

- Nomination Form
- Narrative

Status Check:

|           | Member (y/n) |
|-----------|--------------|
| Nominee   |              |
| Nominator |              |
| Seconder  |              |

Revised 15-Nov-2012

