

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

**Nominator Information**

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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**

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Candidate's name

Title/Position

Workplace/Affiliation

Mailing address

Phone number

Email address

# of years in NJSOPHE (must be member in good standing)

# of years of experience in the field of health education

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*).

## References

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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.

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Signature of person submitting nomination

Date

**E-mail your completed application and required documents to:**

Krista M. Reale

[njsopheawards@gmail.com](mailto:njsopheawards@gmail.com)

**Applications/Nominations must be received by Friday October 13, 2023.**