



## INDIVIDUAL HONOR AWARD NOMINATION RECORD

### PART I

OFFICER'S NAME (Last, First, MI)		ENTRY ON DUTY DATE (mm/dd/yyyy)
PHS RANK (O - 1 through O - 10)	PHS PROFESSIONAL CATEGORY	SERNO
CURRENT ORGANIZATION	ORGANIZATIONAL TITLE OR POSITION	
PROPOSED AWARD	PERIOD COVERED (mm/dd/yyyy) From To	
<b>NOTE:</b> (Synopsis of specific achievement for which the individual is being nominated must be limited to 150 characters.)		
CITED FOR		

The nominator certifies that the officer is deserving of the proposed award, and that the accompanying documentation accurately and completely reflects the relevant information. Additionally, the nominator certifies that the officer has not received nor is being nominated for another award for which the basis overlaps this nomination (except as specifically cited). **Fill-in Name/Title and Date before Digitally Signing as these and all fields above will lock.**

NOMINATOR (Signature)	NAME AND TITLE (Typed)	DATE (mm/dd/yyyy)
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#### ENDORSEMENTS

##### SUPERVISORY / LINE AUTHORITY

SIGNATURE	NAME AND TITLE (Typed)	AWARD ENDORSED*	DATE (mm/dd/yyyy)
SIGNATURE	NAME AND TITLE (Typed)	AWARD ENDORSED*	DATE (mm/dd/yyyy)
SIGNATURE	NAME AND TITLE (Typed)	AWARD ENDORSED*	DATE (mm/dd/yyyy)

##### OPERATING DIVISION (OPDIV) OR NON-HHS ORGANIZATION AWARDS BOARD CHAIRPERSON

SIGNATURE	NAME AND TITLE (Typed)	AWARD ENDORSED*	DATE (mm/dd/yyyy)
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##### APPROVING AUTHORITY

SIGNATURE	NAME AND TITLE (Typed)	AWARD ENDORSED*	DATE (mm/dd/yyyy)
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##### OPDIV OR NON-HHS ORGANIZATION AWARDS COORDINATOR

SIGNATURE	NAME AND TITLE (Typed)	AWARD ENDORSED*	DATE (mm/dd/yyyy)
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**\*NOTE:** If a lower level award is endorsed, give reason in "comment" section below. Also, use the section below to document external agency concurrence as needed.

COMMENT

CCIAB	DATE (mm/dd/yyyy)	ACTION <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	COMMENTS
PHS-CCAB	DATE (mm/dd/yyyy)	ACTION <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	COMMENTS
SURGEON GENERAL	DATE (mm/dd/yyyy)	ACTION <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	COMMENTS

(continued on next page)

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

### PART I

OFFICER'S NAME:	Officer's full name.
ENTRY ON DUTY DATE:	Include only service as a commissioned officer.
PHS RANK:	Rank as a pay grade (i.e., O-1 through O-10).
PROFESSIONAL CATEGORY:	Medical, Dental, Nurse, Engineer, Scientist, Environmental Health, Veterinary, Pharmacy, Dietetics, Therapy, Health Services.
SERNO:	List Employee Serno Number.
CURRENT ORGANIZATION:	Self-explanatory.
ORGANIZATIONAL TITLE OR POSITION:	Self-explanatory.
PROPOSED AWARD:	Award Recommended: Distinguished Service Medal With Valor (DSM/V) Distinguished Service Medal (DSM) Meritorious Service Medal With Valor (MSM/V) Meritorious Service Medal (MSM) Outstanding Service Medal With Valor (OSM/V) Outstanding Service Medal (OSM) Commendation Medal (CM) Achievement Medal (AM) PHS Citation (CIT)
PERIOD COVERED:	The beginning and ending dates (month, day, 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., 03/30/2016).
CITED FOR:	Specific achievement for which the officer is being nominated ( <i>150 characters</i> ).
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 or a different award than proposed). Nominations that have 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. <b>NOTE:</b> 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 a lower level award endorsed, provide relevant useful comments. Also, use this section to document external agency concurrence as needed.
PHS-CCAB, CCIAB & SG:	Public Health Service Commissioned Corps Awards Board, Commissioned Corps Interagency Awards Board, and the Surgeon General.
NARRATIVE:	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 must 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 one single spaced typed pages with 1" margins. Times News Roman 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 or Non-HHS Organization Awards Coordinator for guidance in preparing award nominations.