***AHMP Friend of the Alliance Award Evaluation Form/Cover Sheet***

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| --- | --- | --- | --- | --- |
|  | Nominator |  | Nominee | |
| Name: |  |  |  | |
| Address: |  |  |  |
|  |  |  |  | |
|  |  |  |  | |
| Phone: |  |  |  | |
| Email: |  |  |  | |

**Please include a digital photograph of the nominee with this submittal.**

**=========================DO NOT WRITE BELOW THIS LINE==========================**

**Board reviewer’s name: Review Date:**

This award is given by the board to an individual (member or nonmember) in recognition of significant contributions to EHS&S credentials or to AHMP’s Strategic Plan at a national level. It is not awarded for a single accomplishment on behalf of AHMP or a single job that is performed regularly for AHMP. Documentation and specific examples are required. This award includes a one-year exemption from AHMP dues, if applicable.

|  |  |  |
| --- | --- | --- |
| Criteria | Scoring Method | Reviewer’s  Score |
| Does the data provided demonstrate outstanding contributions to the AHMP Strategic Plan in the previous calendar year?  OR  Does the data provided demonstrate long-term, sustained contributions over a number of years that have made a lasting positive impact on AHMP programs? | Yes / No  Yes / No |  |
| In your opinion, what is this nominee’s ranking compared to the other nominees for this award? | 1st place to *n*th place |  |