

# **Warren E. Schaller Distinguished Service Award**

## (a) Overview

The Warren E. Schaller Distinguished Service Award is intended to be given to an InSOPHE member who has made outstanding contributions to the chapter or the health education field. The award is intended to honor a truly deserving member and may not always be awarded annually. The InSOPHE Board of Directors reserves the right to provide this award based on member nominations and other criterion.

#### (b) Nomination Criteria

- A current member of InSOPHE;
- Must be currently practicing health education in Indiana;
   Health education is defined as someone who promotes, maintains, and improves individual and
   community health by assisting individuals and communities to adopt healthy behaviors. They collect and
   analyze data to identify community needs prior to planning, implementing, monitoring and evaluating
   programs designed to encourage healthy lifestyles, policies, and environments. May also serve as a
   resource to assist individuals, other professionals or the community, and may administer fiscal resources
   for health education programs.
- Has made contributions to InSOPHE or the health education field by research, speaking engagements, publishing research, mentorship, service work and/or volunteer work, etc.;
- Demonstrates best practices within their professional role;
- Serves as a positive role model in their professional role; and
- Participated in at least one InSOPHE-related event within the last twelve (12) months.

### (c) Nominee Scoring

Nominations must be made by a current member of InSOPHE. Nominations must include two letters, one from the nominator and one from a supporting member (not the nominee). Self-nominations are discouraged.

#### Scores

- 6+ Letters showed enough evidence to award the nominee.
- 0-6 Letters did not show enough evidence to award the nominee.

In addition to a score, the committee will answer the following question to determine candidate eligibility: "Based on the rubric score, do you recommend/vote for this individual to receive the Warren E. Schaller award?"

#### (d) Submission **Board of Directors** Indiana Society for Public Health Education, Inc. P.O. BOX 44407 Indianapolis, Indiana 46244 (e) Scoring Rubric Date of Review Nominee Name Is the nominee a current member of InSOPHE? ☐ Yes □ No Is the nomination from a current InSOPHE member? ☐ Yes □ No Does the nomination include a letter of support from nominator? ☐ Yes ☐ No Does the nomination include a letter of support? ☐ Yes □ No Was the nomination submitted by the thirtieth of June? ☐ Yes □ No **Award Criteria** 1 2 3 N/A; 0 **Total** Unable to Currently Somewhat Not evident in Clearly evident determine practicing health evident in nomination in nomination based on education in nomination letters. letters. nomination Indiana. letters. letters. Has made Unable to Somewhat contributions to Not evident in Clearly evident determine evident in InSOPHE, health nomination in nomination based on nomination education field, or letters. letters. nomination letters. letters. profession. Unable to Participated in Somewhat Not evident in Clearly evident determine at lease one evident in nomination in nomination based on InSOPHE event in nomination letters. nomination letters. past <12 months. letters. letters. Unable to Somewhat Serves as a positive Not evident in Clearly evident determine evident in role model in their in nomination nomination based on nomination professional role. letters. letters. nomination letters. letters. Unable to Somewhat **Demonstrates** Not evident in Clearly evident determine evident in best practices in nomination nomination based on within their nomination letters. letters. nomination

Do you recommend this candidate for the Warren E. Schaller award? 

Yes 
No

If no, explain:

letters.

letters.

Grand Total

professional role.

Nomination Form			
Name of Nominee			
Business/School			
Address			
Telephone	Fax		
Email Address			
Is nominee a current InSOPHE member?		☐ Yes	□ No
Nominating Member			
Name of Nominating Member			
Address			
Telephone	Fax		
Email Address			
I am a current member of InSOPHE?		☐ Yes	□ No
Nominations must include two (2) letters of support, one of which must be from the nominating member.			
Please send the completed form and letters of support to:			
Board of Directors Indiana Society for Public Health Education P.O. BOX 44407 Indianapolis, Indiana 46244	, Inc.		

(f)

Nominations must be received by the thirtieth of June.