DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service Commissioned Corps

UNIT HONOR AWARD NOMINATION RECORD PART I

PROPOSED AWARD PERIOD COVERED (mm/dd/yyyy) (From) (To NOTE: (Synopsis of specific achievement for which the unit is being nominated must be limited to 150 characters.) CITED FOR MEMBERS NOMINATED: Commissioned officers and civil servants. (Use extra sheet if needed.) NAME SERNO OPDIV OR Non-HHS Organization The nominator certifies that the unit is deserving of the proposed award, and that the accompanying documentation accurately and completely relevant information. Additionally, the nominator certifies that each officer named merits receipt of the award, and none of the officers has received information. Additionally, the nominator certifies that each officer named merits receipt of the award, and none of the officers has received information. Additionally, the nominator certifies that each officer named merits receipt of the award, and none of the officers has received information. Additionally, the nominator certifies that each officer named merits receipt of the award, and none of the officers has received information. Additionally, the nominator certifies that each officer named merits receipt of the award, and none of the officers has received information. Additionally, the nominator certifies that each officer named merits receipt of the award, and none of the officers has received information and the one being nominated for this award. Fill-in Name/Title and Date before Digitally Signing as these and all fields above will lock. NAME AND TITLE (TYPED) AWARD ENDORSED (See Note below) Operating Division (OPDIV) or NON-HHS Organization Awards Board Chairperson Approving Authority OPDIV or Non-HHS Organization Awards Coordinator NOTE: OUC and UC are the only 2 awards available on this form. If a lower level award is endorsed, give reason in "commen below. Also, use the section below to document external agency concurrence as needed.	
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