**NOMINATION FOR LIFETIME MEMBERSHIP IN THE GEORGIA INFECTION PREVENTION NETWORK (GIPN)**

NAME OF NOMINEE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CREDENTIALS OF NOMINEE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION OF NOMINEE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEMONSTRATION OF NOMINATION REQUIREMENTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOMINATEDBY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT INFORMATION:

PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The candidate must meet the following requirements:

1. A minimum of ten (10)years of service in the fields of infection prevention,

epidemiology, or equivalent specialty

2. Significant contributions to the literature related to infection prevention

3. Significant contributions in the education of infection prevention through

lecturing and/or teaching over a ten (10)year period

4. Significant contributions in outbreak investigations contributing to the

knowledge base available to all infection preventionists

5. Significant contributions to the operation and growth of GIPN as an

organization, enhancing the educational support, networking capability and

influence of GIPN among infection prevention professionals.

6. 5 year member of GIPN