***AHMP Pete Cook Founder’s Award Evaluation Form/Cover Sheet***

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

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

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

**Reviewer’s name: Review Date:**

This award is given to a Professional Member for outstanding accomplishments in support of AHMP by providing long-term service or continuous professional achievements while promoting the AHMP Strategic Plan and the integrity of EHS&S credentials. Documentation and specific examples are required. This award includes a five-year exemption from AHMP dues. *NOTE: Reviewers must be provided with descriptions of previous recipients to ensure continuity of the high level of performance required to earn this award.*

|  |  |  |
| --- | --- | --- |
| Criteria | Scoring Method | Reviewer’s  Score |
| 1. Does the data provided demonstrate outstanding accomplishments in support of the AHMP through **long-term service** while promoting the AHMP Strategic Plan? | Yes / No |  |
| 1. Does the data provided demonstrate outstanding accomplishments in support of the AHMP through **continuous professional achievements** while promoting the AHMP Strategic Plan? | Yes / No |  |
| 1. Does the data provided demonstrate promotion of the integrity of EHS&S credentials? | Yes / No |  |
| 1. Does the data provided demonstrate that this individual meets the high level of performance achieved by previous award recipients? | Yes / No |  |
| 1. Does this nominee meet the minimum requirements for this award? | Yes / No |  |
| 1. In your opinion, what is this nominee’s ranking compared to the other nominees for this award? | 1st place to *n*th place |  |