

**INDIAN HEALTH SERVICE  
NATIONAL DIRECTOR'S AWARD NOMINATION AND APPROVAL FORM  
DUE DATE FOR NOMINATIONS: February 13, 2015**

**1. Award Categories**

Director's Award      Customer Service      Luana Reyes

**2. Name of Nominee or Team:** Please list the names as it should appear on the plaque or certificate, including credentials if applicable (maximum of 3 credentials). Please use Attachment A to list all nominated team members.

Individual      Team      Number of Employees (For team awards)

**3. Organization:**

**4. Period Covered in Nomination** (within calendar year 2014)

From: Month	Year	To: Month	Year
-------------	------	-----------	------

**5. Award Justification:** (Please describe how the individual or team significantly advanced the IHS mission and goals through enhancements supporting one or more of the following IHS priorities; renewing and strengthening Tribal partnerships; bringing reform to the IHS; improving quality and access to care for IHS patients; and ensuring transparency, accountability, fairness, and inclusion.)

**6. Award Citation:** This text will be used directly in the published awards program. (Please limit the write-up to approximately 25 words or less)

**7. Nominator**

Name:	Title:	Signature:	Date:
-------	--------	------------	-------

**8. Award Nominee's Supervisor** (or Team Chair/Leader for Team Awards)

Name:	Title:	Signature:	Date:
-------	--------	------------	-------

**9. (for Areas only) Area Director**

Name:	Signature:	Date:
-------	------------	-------

**10. (for Headquarters only) Deputy Director (DDMO/CMO)**

Name:	Signature:	Date:
-------	------------	-------

**11. Area Awards Coordinator**

Name:	Signature:	Date:
-------	------------	-------