

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service Commissioned Corps  
**UNIT HONOR AWARD NOMINATION RECORD  
PART I**

NAME OF UNIT

PROPOSED AWARD	PERIOD COVERED (mm/dd/yyyy) <div style="text-align: right; font-size: small;">(From) (To)</div>
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**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 reflects the relevant information. Additionally, the nominator certifies that each officer named merits receipt of the award, and none of the officers has received or is being nominated for another award for which the basis overlaps this nomination (except as specifically cited). **NOTE: The nominator cannot be one of the officers being nominated for this award. Fill-in Name/Title and Date before Digitally Signing as these and all fields above will lock.***

NOMINATOR (SIGNATURE)	NAME AND TITLE (TYPED)	DATE
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**ENDORSEMENTS:**

Supervisory / Line Authority			
SIGNATURES	NAME AND TITLE (TYPED)	AWARD ENDORSED <small>(See Note below)</small>	DATE

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 "comment" section below. Also, use the section below to document external agency concurrence as needed.

COMMENT

CCIAB	DATE	ACTION <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	COMMENTS
PHS-CCAB	DATE	ACTION <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	COMMENTS
SURGEON GENERAL	DATE	ACTION <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	COMMENTS

**INSTRUCTIONS FOR COMPLETING THE COMMISSIONED CORPS  
UNIT HONOR AWARD NOMINATION RECORD**

**PART I -**

- NAME OF UNIT:** For Unit Honor Award nominations, provide the unit with a name that clearly distinguishes its identity as it relates to the activities performed by the group.
- PROPOSED AWARD:** Award Recommended:  
Outstanding Unit Citation (OUC)  
Unit Commendation (UC)
- PERIOD COVERED:** The beginning and ending dates (month, day, year) covering the period of the accomplishment. Do not put "present" as an ending date. This part must have a month and year (e.g., 03/30/2016).
- CITED FOR:** *Specific* achievement for which the group is being nominated (**150 characters**).
- MEMBERS  
NOMINATED:** List ALL members (PHS officers and civilians) of the unit being recognized on a blank sheet(s) - ONLY include Rank, First Name, Last Name, Agency/Division in nomination; do NOT include Employee IDs here. Attach a separate Excel spreadsheet with only the officer(s) information which MUST INCLUDE Employee IDs.
- CERTIFICATION:** Self-explanatory.
- ENDORSEMENTS:** Endorsers must provide their signatures, titles, and dates. In the space provided for AWARD ENDORSED, enter the award recommended (i.e., the proposed award or a different award than proposed). Endorsers cannot also be the nominator. Nominations that have a lower level award endorsed than the proposed award should be forwarded to the next level of review until there is concurrence at a level that oversees at least 25 officers. **NOTE:** This may require the submission of the nomination to a higher level for review than would have originally been necessary for approval of the award.
- COMMENT:** For nominations that have a lower level award endorsed, provide relevant useful comments. Also, use this section to document external agency concurrence as needed.
- PHS-CCAB,  
CCIAB & SG:** Public Health Service Commissioned Corps Awards Board, Commissioned Corps Interagency Awards Board, and the Surgeon General.
- NARRATIVE:** The narrative should focus on the unit's contributions, their significance, and how the unit's actions have compared to or exceeded what is expected. The cited actions, their impact and significance are important and should be stated clearly. If the use of technical terms is required, the nomination should contain clarifying statements that are understandable to a multidisciplinary Board. The actions cited must fall within the period covered by the nomination. If any officer has received an honor award in the period cited or for earlier actions that may seem similar or overlapping with those in the current nomination, the nomination should clarify the basis for the prior award(s) and the relevance or lack of relevance to the present nomination. The narrative shall not exceed one single spaced typed page with 1" margins. Times New Roman 12pt type style is preferred, but a comparable font that would provide no less than 12pt and no more than 12 characters per inch can be used. Ask your OPDIV or Non-HHS Organization Awards Coordinator for guidance in preparing award nominations.