



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

PORTLAND AREA
INDIAN HEALTH SERVICE
1220 SW 3rd AVENUE, Room 476
PORTLAND, OREGON 97204

JUN 16 2009

TO: See Below
FROM: Director
SUBJECT: Nominations for Area Director's FY 2009 Awards

The Portland Area Indian Health Service is now accepting nominations of Area staff to receive awards in recognition of noteworthy accomplishments and contributions during FY 2009. Please take a moment to reflect on your experiences with Area staff during the past year and nominate those whom you believe deserve recognition. Although Service Units, OEH&E District/Field Offices, Tribal Health Programs, and Urban Indian Health Programs have their own award programs, it is important that there be an opportunity to nominate individuals whose accomplishments merit Area-wide recognition.

Attached, you will find a nomination form and a description of the various awards. There are several award categories, only a few of which are restricted to staff of the Area Office. To foster the widest application possible, the criteria for the different awards are deliberately broad. Nonetheless, as you consider possible nominees for particular awards, please be mindful of the stated purposes and targets of the award categories. Also, please note that nominations must have the concurrence of the nominee's supervisor.

In keeping with past practice, award recipients will be honored at the Area Office Awards Ceremony on Friday, November 6, 2009 in Portland, Oregon.

Please distribute this information to staff at your location. Nominations are due by close of business Friday, October 2, 2009. You can email nominations to Leah.Tom@ihs.gov. You can also mail the nomination forms to:

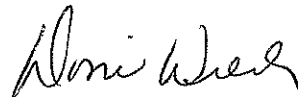
Portland Area Indian Health Service
Attn: Leah Tom
1220 S.W. 3rd Avenue, Room 476
Portland, OR 97204

You can also fax the forms to her at (503) 326-7280.

If you have any questions, please contact one of the members of the Awards Committee:

Michael Smith	(503) 326-4139
Gene Kompkoff	(503) 326-3104
Imogene Ingawanup	(503) 326-3718
Lee Ann Wermey	(503) 326-3527
Leah Tom	(503) 326-2023
Rachel Smith	(503) 326-2001

Staff throughout the Portland Area, whether at the Area Office, service units, district/field offices, Tribal health programs, or urban programs, work diligently to meet the health care needs of American Indians and Alaska Natives. Now is the time to recognize those among us whose work during the past fiscal year has been truly outstanding. Please take the time to show your appreciation of those who have demonstrated exemplary dedication to our collective mission by completing the nomination form.



Doni Wilder

Enclosures

Addressees:

Portland Area Office Staff
Service Unit Staff
District/Field Office Staff
Directors, Tribal Health Programs
Directors, Urban Indian Health Programs

cc: Michael Smith, DFM, PAIHS
Gene Kompkoff, OEHE, PAIHS
Imogene Ingawanup, ACQ, PAIHS
Lee Ann Wermey, DIRM, PAIHS
Leah Tom, OHP, PAIHS
Rachel Smith, OEHE, PAIHS

**Portland Area Indian Health Service
2009
Area Director's Awards Ceremony**

Friday November 6, 2009

Award Categories

Contributions to Improvement in Indian Health

Recognition to Portland Area IHS employees who contribute positively to improve the health and welfare of Native Americans.

Area Office staff and Service Unit staff

Superior Customer Support

Recognition to a PAO staff employee who exhibits exceptional qualities in providing customer service to both external and internal PAO customers.

Area Office staff only

Exemplary Support

Recognition to a PAO staff member who provides exemplary support to managerial staff and program objectives.

Area Office staff only

Exceptional Performance

Recognition to a PAO staff member who increases the overall effectiveness of the Portland Area IHS (process improvement).

Area Office staff only

Managerial Excellence

Recognition to the planners and decision-makers within the Portland Area who play roles in the successful management of limited IHS resources.

Area Office staff only

Area Office Employee of the Year
Service Unit Employee of the Year
Tribal Health Program Employee of the Year
Urban Indian Health Program Employee of the Year

Recognition to an IHS Area Office, Service Unit, Tribal and Urban Program employee who demonstrates the highest level of professionalism.

Outstanding Group Performance

Recognition to staff who demonstrate that cooperation, mutual trust, and cohesiveness are necessary elements of effective teamwork.

Area Office staff, Service Unit staff, EOH&E District/Field staff, Tribal Health Program staff and Urban Indian Health Program staff teams, groups or committees

Clinician of the Year

Recognition to a PAO IHS/Tribal/Urban clinician who demonstrates a strong commitment toward improvement of Native American health and welfare.

Clinicians from Service Units, Tribal Health Programs and Urban Indian Health Programs

Area Director's Award for Excellence

The person selected to receive this award represents the very best qualities, traits, professionalism, and general conduct to be expected of an employee of the Portland Area Indian Health Program. Through his/her efforts, a significant contribution was made to improve the health of the Indian people of the Northwest.

All staff from Area Office, Service Units, Tribal Health Programs, Urban Indian Health Programs and OEH&E District/Field Offices

Exceptional Leadership in Health & Wellness Initiatives

Recognition to an individual or group who provides exceptional leadership in promoting effective health and wellness initiatives for Portland Area I/T/U staff and the communities they serve.

Area Office staff, Service Unit staff, OEH&E District/Field staff, Tribal Health Program staff, and Urban Indian Health Program staff

**PORTLAND AREA INDIAN HEALTH SERVICE
2009 AREA DIRECTOR'S AWARDS
NOMINATION AND APPROVAL FORM**

1. Employee's, First, Last and Middle Initial	2. Organization		
3. Period Covered in Nominations (month, year) From _____ To: _____			
4. Name of Award and Award Justification (use additional page as needed):			
5. Citation: Summarize employee(s) contribution (use additional pages as needed):			
6. Number of Employees (if group):	7. Names of Employees (if group):		
8. Initiating or Nominating Official Name/Title/Signature: _____ Date: _____			
9. Nominee's Supervisor's signature (if different from #8): _____ Date: _____			
-----TO BE COMPLETED BY AREA OFFICE STAFF-----			
9. Peer Recognition Award Endorsements Only:			
Signature	Date	Signature	Date
10. Reviewing, Recommending, or Endorsing Official's Name/Title/Signature/Date (if required)			
Date			
11. Area Director's Signature/Date:			
Doni Wilder, Director		Date:	

Please mail to Leah Tom, Portland Area IHS, 1220 SW 3rd Ave Rm 476, Portland, OR 97204 or fax to her at (503) 326-7280