## Operational Flight Surgeon Safety Award Nomination Form



Nomination must be routed through MAJCOM who will then submit their nominee to:

_t Col Steven T. Fosm	nire (steven	.fosmire.2@us.	.af.mil)
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Nominator			
RANK	FIRST NAME	LAST NAME	DUTY TITLE
EMAIL		BASE	MAJCOM
Nominee			
RANK	FIRST NAME		LAST NAME
EMAIL		CURRENT BASE	
DUTY TITLE			AFSC
AERO RATING	FLIGHT HOURS	AIRCRAFT TYPES	
AWARDS/DECORATION	NS		
DEGREE	YEAR	SCHOOL	

POST GRAD TRAINING PROGRAM	LOCATION	YEAR
SPECIALTY BOARD CERTIFICATION		YEAR
DATE COMPLETED AEROSPACE MEDICINE PRIMARY COURSE		
PREVIOUS ASSIGNMENTS (JOB TITLE/LOCATION - 5 most rece	ent)	DATES (MON/YR-MON/YR)
PUBLICATIONS (TITLE)	CITATIONS	
Award Criteria - The intent of this award is to recognize flight surgeons assigned to a medical group or squadron significant contributions to safety over the preceding casafety are encouraged and should not be restricted to a not limited to: identification, investigation and mediati programs; insightful mishap investigation; and innovativalso include activities in support of joint/coalition/fede Nomination narrative - Please submit for accomplishmen One-page letters of endorsement are required from the Safety, an additional one-page letter of endorsement management management are required from the	medical element. Nomined alendar year. Nominee con viation safety. Contribution ion of hazards; creation of ve safety program managed ral flying operations. Ints in the past calendar yea MTF/CC or equivalent and	es must have made tributions to all areas of ons may include, but are deffective prevention ement. Contributions may ear, limited to one page. flying Wing Chief of
electronic, Times New Roman, 12 font.  NOMINATOR SIGNATURE	DA	.ΤΕ

## NOMINATION NARRATIVE