Army Medicine Wolf Pack Award Nomination Form

Complete the following information and submit this form by email to the office of the AMEDD Civilian Corps at: civilian.corps.chief@amedd.army.mil. Please use the term 'Wolf Pack Award Nomination' as the subject line and attach a copy of the signed form.

Team Name:

Organization: (Activity, Location, and Region if applicable.)

Purpose of Team:

Period of Service to be recognized:

Team Members: List members by name, grade/rank, AOC/MOS/Occupational Series, and position title.

Nomination Statement and Proposed Citation: Provide team accomplishments and circumstances that support and justify this nomination. Nomination statements should be no more than two pages in length. Also include a 50-100 word narrative citation.

Nominating Official Information:
Typed Name & Title:
Telephone #:
Relationship to team: (For example: supervisor, co-worker, customer, etc.)

Command Endorsement and Adverse Action Clearance (Adverse action clearance includes EO, EEO, and HR review):
Typed Name & Title:
Telephone #:

Signature & Date