

**ALABAMA DEPARTMENT OF MENTAL HEALTH
RECOMMENDATION FOR DR. PETER BRYCE AWARD**

Supervisors are encouraged to recommend someone for a Dr. Peter Bryce Award, but the submission form must be approved by one of the following authorities: Associate Commissioner, Facility Director, Executive Director, Board Chairman, etc. The Dr. Peter Bryce Award recognizes excellence exhibited by licensed staff. It is issued by the department, affixed with the ADMH seal, and signed by the Commissioner. Recipients can be recommended for this honor at any time.

Full Name of Award Recipient: _____

Job Title: _____

Reason(s) this individual is deserving of the Dr. Peter Bryce Award: (If you need additional space, attach pages to this form)

Recommended by: (Name and Title) _____

Approved by: (Name and Title) _____

Department/Facility/Organization: _____

Is there an event or predetermined date for a presentation of the Dr. Peter Bryce Award?

If so, please state the date: _____

How would you like the Dr. Peter Bryce Award delivered?

Mail it E-mail it Pick up in the PICR Office when notified

Address: _____

E-mail: _____ Phone: _____

Please e-mail the completed form to Jennifer Webster in the Office of Public Information and Community Relations at jennifer.webster@mh.alabama.gov. If you have any questions about the Citation of Excellence or completing this form, please contact the PICR Office at 334-242-3417.