



## Affiliate Annual Report for Calendar Year 2021

*(Complete Attachment B to be considered for one or more 2022 Affiliate Awards.)*

To maintain compliance with IAFP Constitution and Bylaws, Affiliates must return this completed report. Please send by email to Susan Smith at: [ssmith@foodprotection.org](mailto:ssmith@foodprotection.org).

Please return the following items **electronically** by **Tuesday, March 8, 2022** (late reports will not be considered for awards):

**REQUIRED:**

- This completed form (*in English*).
- Your Association's membership list (Item 2).
- Your Association's list of current term officers (complete Attachment A).

**OPTIONAL:**

- Attachment B: Completion required **only** if your Association requests to be considered for one or more Affiliate Awards.
- IAFP now accepts **all** Affiliate Annual Reports electronically, including those vying for one or more of the Affiliate Awards. *Affiliates seeking to present the highest quality visual presentation are encouraged to present their Annual Report in the highest quality possible for review by the Selection Committee. To avoid errors and omissions, please limit your submission to ONE email with all attachments.*
- Digital photos (with names and descriptions) to appear in the *Affiliate View* quarterly newsletter.

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### Name of Affiliate

#### 1. Your Official Delegate to IAFP Affiliate Council and Contact

Enter in the fields below the information requested for your Association's official Delegate to the IAFP Affiliate Council and your official Contact for IAFP correspondence. **Delegate must be an IAFP Member.**

**Official Delegate to IAFP Affiliate Council**

Amanda J. Deering  
Clinical Assistant Professor  
Purdue University – Department of Food Science  
610 Purdue Mall  
West Lafayette, IN 47907  
Phone: 765-586-7544 (cell)  
E-mail: [adeering@purdue.edu](mailto:adeering@purdue.edu)

IAFP Member? Y  N

**Official Contact for IAFP Correspondence (indicate "same" if person also serves as Delegate)**

Same

IAFP Member? Y  N

**2. Membership List**

- a. Indicate the current total number of members in your Association: 227 currently
- b. How many NEW members joined your Association in 2021? 6 currently
- c. Fax or email your current membership list. Include name, title, complete address, phone number, fax number, and email address of all active members.

**3. Meetings: Annual Meeting/Conference, Educational, Workshops, Webinars, etc.**

- a. On what date(s) was your most recent general membership or major meeting (i.e., Annual Meeting/Conference) during the past year? Please list number of attendees.  
IEHA Spring Educational Conference – April 16, 2021 (59 – held virtually) and Fall Educational Conference – September 20, 21 & 22, 2021 (175 – held in-person)
- b. Please provide the date(s) and location of your next scheduled major meeting (i.e., Annual Meeting/Conference):  
IEHA Spring Educational Conference – April 28, 2022 (in-person) and Fall Educational Conference – September 19, 20 & 21 (in-person)
- c. List all other general membership meetings held in 2021 (excluding board meetings). Include title, dates and attendance numbers.

Same as above	Date(s) Held & # of Attendees
Name of Meeting	Date(s) Held & # of Attendees
Name of Meeting	Date(s) Held & # of Attendees

#### 4. Awards and Scholarships

a. List members honored with an award from your Association and/or IAFP during 2021. Include name of award and qualification for award.

Wabash Valley Chapter	Harry E. Werkowski Memorial Award
Lauren Hagen	Rookie of the Year Award
Andrew Pappas	Environmental Health Specialist of the Year
Not Presented	Sanitarian Emeritus
Not Presented	Tim Sullivan Memorial Award

b. List scholarships awarded during 2021; include recipient and qualification for scholarship.

No applications received	Recipient Name and how did recipient qualify?
Scholarship Name/Amount	Recipient Name and how did recipient qualify?
Scholarship Name/Amount	Recipient Name and how did recipient qualify?
Scholarship Name/Amount	Recipient Name and how did recipient qualify?
Scholarship Name/Amount	Recipient Name and how did recipient qualify?
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Scholarship Name/Amount	Recipient Name and how did recipient qualify?

#### 5. Web Communication

*Please be sure to keep the IAFP office on your mailing list for newsletters, email, and other communications to your general membership.*

Please provide your existing Affiliate's Web site address AND date last updated:  
[www.iehaind.org](http://www.iehaind.org)

Did you launch a new Affiliate Web site in 2021? Y  N

## Attachment A (completion required)

### Association Officers List

Provide the contact information requested below for all current officers of your Association. **Please indicate if each officer is an IAFP Member (reminder: Your President and Delegate are required to be IAFP Members).** The information you provide here is published on our website and in select membership materials. The information may be typed in the fields below or may be sent to our office by email, fax or regular mail.

Indicate the term dates (e.g., 2021–2022) for your current Executive Board:  
See attached – January 1 to December 3, 2022

Officer Title  
Officer Name  
Address 1  
Address 2  
City, State ZIP Country  
Phone Number  
Email address  
IAFP Member? Y  N

Officer Title  
Officer Name  
Address 1  
Address 2  
City, State ZIP Country  
Phone Number  
Email address  
IAFP Member? Y  N

Officer Title  
Officer Name  
Address 1  
Address 2  
City, State ZIP Country  
Phone Number  
Email address  
IAFP Member? Y  N

Officer Title  
Officer Name  
Address 1  
Address 2  
City, State ZIP Country  
Phone Number  
Email address  
IAFP Member? Y  N

Officer Title  
Officer Name  
Address 1  
Address 2  
City, State ZIP Country  
Phone Number  
Email address  
IAFP Member? Y  N

Officer Title  
Officer Name  
Address 1  
Address 2  
City, State ZIP Country  
Phone Number  
Email address  
IAFP Member? Y  N

Officer Title  
Officer Name  
Address 1  
Address 2  
City, State ZIP Country  
Phone Number  
Email address  
IAFP Member? Y  N

Officer Title  
Officer Name  
Address 1  
Address 2  
City, State ZIP Country  
Phone Number  
Email address  
IAFP Member? Y  N

**Indiana Environmental Health Association, Inc.  
2022 Officers**

**PRESIDENT:**

Holley Rose  
Indiana Department of Health  
2 North Meridian Street  
Indianapolis, IN 46204  
317-232-4121  
[hrose1@isdh.in.gov](mailto:hrose1@isdh.in.gov)

**PRESIDENT-ELECT:**

Jennifer Heller  
Brown County Health Department  
200 Hawthorne Drive  
Nashville, IN 47448  
812-988-2255  
[bcenvironmental@browncounty-in.us](mailto:bcenvironmental@browncounty-in.us)

**VICE PRESIDENT:**

Krista Click  
Hendricks County Health Department  
355 South Washington Street  
Danville, IN 46122  
317-718-6008  
[kclick@co.hendricks.in.us](mailto:kclick@co.hendricks.in.us)

**TREASURER:**

Gretchen Quirk  
Marion County Public Health Department  
3838 North Rural Street  
Indianapolis, IN 46205  
317-221-2281  
[grquirk@marionhealth.org](mailto:grquirk@marionhealth.org)

**SECRETARY:**

Lisa Chandler  
Hendricks County Health Department  
355 South Washington Street, G30  
Danville, IN 46122  
317-745-9297  
[lchandler@co.hendricks.in.us](mailto:lchandler@co.hendricks.in.us)

**AUDITORS:**

Matthew Herrick  
Lugar Center for Rural Health  
1433 North 6½ Street  
Terre Haute, IN 47807  
812-237-8698  
[mherrick@uhhg.org](mailto:mherrick@uhhg.org)

Catherine Hess  
IN Department of Environmental Management  
302 West Washington Street  
Indianapolis, IN 46204  
317-232-8704  
[chess@idem.in.gov](mailto:chess@idem.in.gov)

**IAFP DELEGATE:**

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Clinical Assistant Professor  
Purdue University – Department of Food Science  
610 Purdue Mall  
West Lafayette, IN 47907  
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