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**PHILIPPINE NURSES ASSOCIATION OF SAN DIEGO COUNTY, INC.**

**NURSE EXCELLENCE AWARD NOMINATION FORM**

1. **NOMINEE INFORMATION**

**Name of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Numbers:**

 **Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **AWARD NOMINEE IS BEING CONSIDERED FOR: (Check One)**
* **Nurse Administrator/Manager/Leader**
* **Nurse Researcher**
* **Nurse Educator**
* **Community Service Nurse**
* **Nurse Entrepreneur**
* **Advance Practice Nurse**
* **Nurse Informatics**
* **Novice Registered Nurse**
* **Clinical Staff Registered Nurse**
* **Clinical License Vocational Nurse**
* **Clinical Certified Nurse Assistant**
1. **JUSTIFICATION: (*use attached Nurse Excellence Award Nomination Letter Template*)**

**In a short paragraph (no more than 350 words), describe the nominee’s professional role, how do you know the nominee, reasons why he/she is being nominated, contributions to nursing practice, length of PNASD membership and his/her significant contributions to PNASD’s mission and goals.**

1. **PAPERWORK SUBMISSION: Candidate for the Nurse Excellence Award Category must submit the following with the nomination form:**
	1. **Candidate must meet all criteria for the category nominated for.**
	2. **Resume/Curriculum Vitae (include any significant contribution practice, e.g., certificate of recognitions, awards, and letter or copy of abstract presented in a conference).**
	3. **Digital photo of 2 Megabytes for award brochure and montage (if chosen to receive the award). Send the photo electronically to** **NurseExcellence.PNASD@gmail.com** **with the signed Photo Release Consent (attached)**
	4. **Candidate must be able to attend the PNASD Nurse Excellence Award Ceremony to receive his/her award.**
	5. **All required documents must be submitted by midnight of May 27, 2024.**
	6. **Any document received after deadline, will be disqualified.**
2. **ATTESTATION: I accept my nomination, attest to all facts in this form, and give permission to be verified and/or used for publication.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature of Nominee Date**

1. **NOMINATION:**

**I would like to nominate the person mentioned above for the award indicated.**

**Name and signature of Nominator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Deadline for submission of required documents must be submitted on May 27, 2024**

**Please email all completed forms to the Nurse Excellence Award Committee Chair at** **NurseExcellence.PNASD@gmail.com**