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|  | Logo  Description automatically generated with medium confidence  PHILIPPINE NURSES ASSOCIATION OF SAN DIEGO COUNTY, INC.  NURSE EXCELLENCE AWARD NOMINATION FORM |
| 1. | NOMINEE INFORMATION  Name of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Numbers:  Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. | AWARD NOMINEE IS BEING CONSIDERED FOR: (Check One)   Clinical Staff Nurse   Nurse Administrator/Manager/Lead   Nurse Researcher   Nurse Educator   Community Service Nurse   Nurse Entrepreneur   Advance Practice Nurse   Nurse Informatics   Novice Nurse |

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| 1. JUSTIFICATION: ([use attached Nurse Excellence Award Nomination Letter](https://pnasandiego.wildapricot.org/resources/Documents/Awards/NurseExcellence/NURSE%20EXCELLENCE%20AWARD%20NOMINATION%20LETTER%20TEMPLATE.docx)   [Template](https://pnasandiego.wildapricot.org/resources/Documents/Awards/NurseExcellence/NURSE%20EXCELLENCE%20AWARD%20NOMINATION%20LETTER%20TEMPLATE.docx))  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 in 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 fo9llowing with the nomination form:      * + 1. Candidate must meet all criteria for 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).   * + 1. Digital photo of 2 Megabytes for award brochure and montage (if chosen to receive the award). Send photo electronically to NurseExcellence.PNASD@gmail.com with the signed Photo Release   Consent (attached)   * + 1. Candidate must be able to attend the PNASD Nurse Excellence Award Ceremony to receive his/her award.     2. All required documents must be submitted by midnight of May 18, 2023.     3. Any document received after the deadline will be disqualified.      1. ATTESTATION: I accept my nomination and 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 wish 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 18, 2023    Please email all completed forms to the Nurse Excellence Award Committee Chair at  NurseExcellence.PNASD@gmail.com |