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|    | Logo  Description automatically generated with medium confidencePHILIPPINE 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  |