

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

**NURSE EXCELLENCE AWARD NOMINATION FORM**

1. **Name of Candidate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree\_\_\_\_\_\_\_\_\_\_**

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

**Telephone Numbers: Home\_\_\_\_\_\_\_\_\_\_\_\_ Work\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

1. **Category of Award the Nominee is being considered for: (check one)**

**\_\_\_\_ Clinical Staff Nurse \_\_\_\_Nurse Educator**

**\_\_\_\_ Nurse Administrator/Leader \_\_\_\_Nurse in Community Service**

**\_\_\_\_ Nurse in Research \_\_\_\_Nurse Entrepreneur**

**\_\_\_\_ Advance Practice Nurse \_\_\_\_Nurse in Clinical Informatics**

**\_\_\_\_Novice Nurse**

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 be nominated, contributions in nursing practice, length of PNASD membership and his/her significant contributions to PNASD’s mission and goals.**
2. **Candidate for the Nurse Excellence Award Category must submit the following with the nomination form:**
3. **Candidate must meet all the criteria for category nominate for.**
4. **Resume/Curriculum Vitae (include any significant contribution practice i.e. Certificate of recognition, awards, and letter or copy of abstract presented in a conference.**
5. **Digital photo of 2 megabytes for award brochure and montage (if chosen to receive the award). Send photo electronically to** [**NurseExcellence.PNASD@gmail.com**](mailto:NurseExcellence.PNASD@gmail.com) **with the signed Photo Release Consent.**
6. **Candidate must be able to attend the PNASD Nurse Excellence Award Ceremony to receive his/her award.**
7. **All required documents must be submitted by midnight of May 18, 2022.**
8. **Any document received after deadline, will be disqualified.**

**5. 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. 2022**

**Please email all completed forms to the Nurse excellence Award Committee Chair at**

[**NurseExcellence.PNASD@gmail.com**](mailto:NurseExcellence.PNASD@gmail.com)

**Philippine Nurses Association of San Diego County, Inc**

**Photo Release Consent**

**I authorize PNASD Nurse Excellence Awards Committee to publish the attached**

**Photograph. I further consent that the above photograph can be used by the awards**

**committee for:**

* **Use for publication in the PNASD souvenir program**
* **Use as a part of the visual presentation**
* **Publication in local newspaper and other electronic media including PNASD Facebook page**

**I waive the right for compensation for the above uses of photograph. I will not hold PNASD liable from and/or any claim for injury or compensation resulting from activities authorized by this organization.**

**Furthermore, this photograph hereby submitted becomes a property of PNASD and I will not in any way demand or claim for its return.**

**The term “photogragh”as used in this agreement shall mean motion picture, still photography, videotape, video disc and any other mechanical means od recording and reproducing images.**

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

**Signature of Candidate Date**

**Attach the most recent photo to the consent form, PNASD Nomination form must be signed by both candidate and nominator and submitted with all the required documents.**

**Nurse Excellence Award Nomination Letter Template**

**Date:**

**To: PNASD Nurse Excellence Award Committee**

**From:**

**Subject: NOMINATION OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FOR THE NURSE in RESEARCH**

**Excellence Award**

1. **How long has this person been a member of PNASD and length of years in this clinical area or position. Ho do you know this member and what is your relationship with him/her.**
2. **Describe the nominee’s professional role, positive impact, or contribution to nursing practice in that category, reason why he/she be nominated, why this person should be chosen for the nurse excellence award.**
3. **Provide any award, accomplishment, recognition, evidence of participation to any committee, projects, or publications.**
4. **Volunteer services, number of hours if available, impact to the organization, institution, community. How engaged is this member to PNASD and all its activities?**

**Any additional information to reflect the characteristics of an excellent nurse.**

**Respectfully,**