

## NOMINATION FORM

Name and title of individual you are nominating \_\_\_\_\_

Address \_\_\_\_\_

Telephones: work ( ) \_\_\_\_\_ home ( ) \_\_\_\_\_ mobile/pager ( ) \_\_\_\_\_

Email: work ( ) \_\_\_\_\_ home ( ) \_\_\_\_\_

Select award or recognition:

- SCHOOL NURSE OF THE YEAR
- SCHOOL NURSE ADMINISTRATOR OF THE YEAR
- SPECIAL RECOGNITION
- HONORARY MEMBERSHIP
- NATIONAL ASSOCIATION OF SCHOOL NURSES FELLOWS
- Retired from School Nursing during the 08-09 or 09-10 school years.

Groups can be nominated for the Special Recognition Award. Nomination for NASN Fellow must come from a current SNOM member who is also a NASN Fellow. Please use a separate form for each person you nominate. This form must be completed, signed and dated. School Nurse of the Year and School Nurse Administrator of the Year have the option of applying to NASN Annual Awards if they meet NASN criteria. **Nominations MUST be sent by April 1, 2010 to the address below.**

**Incomplete or late nominations will not be considered.**

**Please describe why you think this person qualifies for the award.**

View award criteria descriptions on the SNOM website. Attach more pages as needed.

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**PLEASE CHECK ONE OR MORE OF THE FOLLOWING TO DESCRIBE YOUR CANDIDATE:**

- School Nurse Organization of Minnesota and National Association of School Nurses member.
- Licensed School Nurse
- Registered Nurse
- Non-nurse working in support of School Health and School Nursing.

**My candidate has been notified of this nomination:**  yes  no

Member signature \_\_\_\_\_ date \_\_\_\_\_

Telephone number \_\_\_\_\_ email \_\_\_\_\_

**SEND COMPLETED NOMINATION FORM TO: SNOM AWARDS COMMITTEE / Mary Jo Martin**  
**BY April 1, 2010 16330 Gladys Lane Minnetonka, MN 55345**

FOR COMMITTEE USE ONLY:  
Date received / /2010 date reviewed / /2010  
Invitation to apply sent to nominee / /2010