

SNOM AWARDS COMMITTEE - 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

Groups or individuals can be nominated for the Special Recognition Award. 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 eligible, the following year.

Incomplete or late nominations will not be considered.

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

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

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

- School Nurse Organization of Minnesota member.
- 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
Wendy S. Sandstrom, Chairperson
2019 Jersey Ave. S.
St. Louis Park, MN 55426

Or Wendy.Sandstrom@fridley.k12.mn.us

By March 30, 2008

FOR COMMITTEE USE ONLY:

Date received / /200 date reviewed / /200
Invitation to apply sent to nominee / /200