

SNOM AWARDS NOMINATION FORM

Annually, the School Nurse Association of Minnesota recognizes its outstanding members in the categories below. Both nominator and nominee must be currently active SNOM members. To nominate a SNOM member simply complete the Nomination Form.

Nominations MUST be sent to the nominations committee by April 1, 2018.

Name and title of candidate : _____

Address: _____

Phone: (Work) _____ (Cell) _____

Email: (Work) _____ (Home) _____

Candidate has been informed of the nomination: YES _____ NO _____

Select award or recognition:

SCHOOL NURSE OF THE YEAR

SCHOOL NURSE ADMINISTRATOR OF THE YEAR

SPECIAL RECOGNITION (Groups can be nominated for this award)

NATIONAL ASSOCIATION OF SCHOOL NURSES FELLOWS

(Nomination from a current SNOM member who is a NASN fellow)

Retired Licensed School Nurse during the 17 - 18 school year.

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

View award criteria descriptions on the SNOM website. Additional pages may be included.

SNOM nominator: _____ Date: _____

Email: _____ Phone: _____

