



OAAPN Excellence Award Nomination Form

(Please type or print)

Date: _____

Name of Person Submitting Nomination: _____

Home Phone: _____

Home Address: _____

Business Phone: _____

.....
Name of Nominee: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Nominee's Place of Employment: _____

Nominee's Job Title: _____

Type of Excellence Award you are nominating the person for:

(If nominee is eligible in more than one category, please indicate by selecting **all** of the appropriate choices below.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Advanced Practice | <input type="checkbox"/> Research | <input type="checkbox"/> Golden Award for
Excellence in Service |
| <input type="checkbox"/> Education | <input type="checkbox"/> Political Action | |

Number of Years the Nominee has been a Member of OAAPN: _____

OAAPN Region **Nominee is a Member of:** _____

Offices held in OAAPN:

1. _____
2. _____
3. _____
4. _____

5. _____

Other Forms of Service to OAAPN (use back of form if additional space is needed):

1. _____
2. _____
3. _____
4. _____
5. _____

How many years and in what capacity have you known the nominee?

Please discuss the contributions the nominee has made to advanced practice nursing. Discuss contributions that would make the nominee an outstanding candidate for the award you have selected.

(Use the back of form for additional information).

Explain how the nominee has been innovative in his/her area of expertise:

Explain how the nominee influences other nurses to participate in his/her areas of expertise:

Explain how the nominee demonstrates professional qualities in nursing:

Explain how the nominee provides for self-growth and development, and how the nominee mentors others:

SIGNATURES OF TWO OAAPN MEMBERS SUPPORTING THIS CANDIDATES NOMINATION:

1. _____
2. _____

Please return this form with your nominee's resume no later than August 30th to:

Awards Committee Chair
5818 Wilmington Pike #300
Dayton, OH 45459

866-668-3839
Email: Scholarships-Awards@oaapn.org