Guidelines and Criteria for Washington State Non-Nurse School Nurse Administrator of the Year Award

Purpose
To publicly recognize a non-nurse school nurse administrator by annually honoring one administrator who coordinates and advocates for quality school nursing services and health programs.

Eligibility
1. One (1) nominee from each area
2. Nominee must be:
   • Bachelor degree or higher
   • Member of SNOW recommended
3. Nominee must have as their responsibility the supervision, administration and coordination of nursing services and health programs, and be a strong school nurse advocate

Procedure for Submission of Application
1. Nomination submissions must come in a flat 81/2 x 11” folder
2. Nomination folders should include:
   a. SNOW Non-Nurse School Nurse Administrator of the Year Nomination Form
   b. Supporting letters for the nomination
      i. Not to exceed 6 letters
      ii. May be provided by supervised school nurses, principals, teachers, parents, students and community members, etc.
      iii. Letters should include areas from the rating form that writers wish to emphasize
      iv. Acronyms must be spelled out with first time use
3. Submissions are due by April 1 and should be directed to the Awards Chairperson.

Criteria for Selection
1. Demonstrates leadership toward improving the health and educational success of children in the state of Washington.
2. Demonstrates a commitment to advancing the practice of school nursing in Washington State.
3. Demonstrates an understanding of the importance of school nurses as the leading experts regarding school health issues.
Non-Nurse School Nurse Administrator of the Year Award Nomination Form

INSTRUCTIONS: Complete this form; attach supporting documents to Awards Chair. Nomination packet must be postmarked no later than April 1st.

Name and credential: ____________________________

Home Address: ________________________________

Phone Number Work: ___________________ Home: ___________________

Email address: ________________________________

Employer’s Name: ____________________________

Employer’s Address: __________________________

Present Position: ______________________________

Number of years in Present Position: ____________________________

Identify Professional Involvement with School Nursing: ____________________________

Narrative describing the nominee’s contribution in each of the categories named in the Criteria for Selection. Contribution to improving health and educational success for students in Washington State:

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Contribution to the advancement of the practice of school nursing in Washington State:

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Contribution to promoting school nurses as the leading experts in school health issues:

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Nomination submitted by__________________________________________________

The decision of the Committee is final and not subject to appeal.
SCHOOL NURSE ORGANIZATION OF WASHINGTON

NON-NURSE SCHOOL NURSE ADMINISTRATOR OF THE YEAR AWARD EVALUATION FORM

* Contributions toward improving health and educational success of students in Washington State

1. Demonstrates understanding of the link between student health and educational success. _____

2. Advocates for or initiates changes to improved student health. _____

3. Advocates for the allocation of resources toward improving student health. _____

Possible Points 12
Total Points _____

* Contribution to the advancement of school nursing practice in Washington State

1. Provides school nursing professional development opportunities. _____

2. Provides support for school nursing professional development
Possible points: 4
Total points: _____

* Contribution to promoting school nurses as the leading experts in school health issues

1. Publicly recognizes school nurses for their contribution to school health issues. _____

2. Provides school nurses with the opportunity to lead. _____

3. Publicly acknowledges school nurses as stakeholders regarding school health issues. _____

Possible points: 6
Total points: _____