**Guidelines and Criteria for Washington State School Nurse Administrator of the Year**

**Purpose**
To publicly recognize a school nurse administrator by annually honoring one administrator who administers and coordinates quality school nursing services and health programs.

**Eligibility**
1. One (1) nominee from each area
2. Nominee must be:
   a. Registered professional nurse
   b. Bachelor degree or higher
   c. Member of SNOW and NASN for the current and preceding five years. The preceding 5 years must be continuous (without lapse in membership).
3. Nominee must have completed five years’ experience in school health, currently practice full time and have as their main responsibility the supervision, administration, and coordination of nursing service and health programs.
4. Evidence of excellence in school nursing administration must be based on American Nurses Association (ANA) Nursing Administration: Scope and Standards of Practice 2nd Edition (2016)

**Procedure for Submission of Application**
1. Information must be submitted in an 8 ½ by 11 flat folder. (No ring binders)
2. Include in the nomination folder:
   a. SNOW – School Nurse Administrator Nomination Form
   b. Narrative describing the nominee’s contributions in each of the categories named in the Criteria for Selection. Narrative should follow the categories and sub-areas exactly in outline form.
   c. Supporting letters of recommendation:
      Maximum of six (6) letters
      Letters may be from supervised school nurses, principals, supervisors, teachers, parents, students, or others
      Letters should describe specific issues or topics related to nominee’s qualifications for the award. Use the American Nurses Association (ANA) Nursing Administration: Scope and Standards of Practice 2nd Edition (2016) as a reference.
      Letters should reflect on areas of rating that writer wishes to emphasize
      Local and state acronyms must be spelled out when used for the first time
3. Submit the completed nomination folder by April 1st to the Awards Chair of SNOW.

**Criteria for Selection**

1. Clinical Leadership
2. Administrative Leadership
3. Professional Development
4. Professional Advocacy Activities
5. Community Involvement
6. Research
Selection Procedure
1. Nomination folder must be postmarked no later than April 1st.
2. The Awards Chair and committee reviews and scores the nomination folders
3. Awards Chair notifies SNOW President by May 1st.
4. The SNOW President will telephone selected candidate by May 5th
5. The Awards Chair will present the award at the SNOW Fall conference
School Nurse Administrator of the Year Nomination Form

INSTRUCTIONS: Compete this form, attach supporting documents and send to the Awards Chair and be postmarked no later than April 1st.

Name and Credentials: ____________________________________________________________________________

Home Address: __________________________________________________________________________________

Work Phone Number: _______________________ Home Phone Number: __________________________

Email Address: __________________________________________________________________________________

Employer’s Name: ______________________________________________________________________________

Employer’s Address: ______________________________________________________________________________

Present Position: ________________________________________________________________________________

Number of years as an administrator: ________________________________________________________________

Number of years in school nursing: _________________________________________________________________

Grade levels supervised in present position: __________________________________________________________

Number of nurses supervised: _____________________________________________________________________

Position full-time (per guidelines)  
☐ Yes  ☐ No

Provider of direct nursing care in practice (Indicate what %_______)  
☐ Yes  ☐ No

Registered Nurse  
☐ Yes  ☐ No

Member of SNOW/NASN for preceding five years  
☐ Yes  ☐ No

Narrative describing the nominee’s contribution in each of the categories named in the Criteria Selection:

Clinical Practice Leadership:

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________
Administrative Leadership:


Professional Development:


Professional Advocacy:


Community Involvement:


Research:


Nomination submitted by _____________________________________________________________________________

The decision of the committee is final and is not subject to appeal.