

**Xi Kappa At Large Chapter Excellence in Nursing Education Award**

Criteria for the Excellence in Nursing Education Award includes the following:

* Demonstrates excellence in teaching or promoting education
* Holds a position in which the primary function is education/teaching to nurses, other health care professionals or community individuals
* Is a member of Sigma Theta Tau International Honor Society of Nursing

General Criteria:

* Nominator completes the Nomination Award Form
* Nominator submits a letter describing the nominee’s specific accomplishments, in response to the stated criteria
* Attach the nominee’s vitae
* Send completed application to:

Patricia L. Wetzel, MSN RN

Essentia Health – Clinical Education

3000 32nd Ave So.

Fargo, ND 58103

or

patricia.wetzel@essentiahealth.org

**Xi Kappa At Large Chapter Excellence in Nursing Education Award Nomination Form**

*(This Award will be given every other year in the* ***even years*** *i.e. 2014, 2016)*

1. Nominee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Phone Numbers: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Attach a letter which describes the nominee’s specific accomplishments, in response to the stated criteria.
5. Attach a copy of the nominee’s vitae.
6. Does the nominee know he/she is being nominated?
7. Form completed by:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Send completed form to:

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