**Louisiana Council of the Emergency Nurses Association**

**Annual Award Nominating form**

*See award criteria and information @* [www.louisianaena.com/awards](http://www.louisianaena.com/awards)

**Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nominator information**

|  |  |
| --- | --- |
| Your Name |  |
| Phone |  |
| E-Mail Address |  |
| Employment |  |
| ENA member # if applicable |  |
| Relationship to Nominee |  |

**Nominee Information**

|  |  |
| --- | --- |
| Nominee Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |
| Current Employer |  |
| Nominee’s years in ED |  |

Award recipients and nominator will be notified via email approximately 2 weeks before the annual Education Conference. Award recipients NOT registered for annual conference are invited for complimentary lunch and program.

Please rename documents before submitting. Choose “Save as” when saving document and use the name of the nominee in the filename.

### Thank you for completing this application and taking the time to acknowledge excellence in emergency nursing.

***Deadline for nominations is July 1st.***

***Submit nominations and other required documentation to*** ***Louisianaena@gmail.com***

**Award Categories:**

|  |  |
| --- | --- |
|  | **Choose one** |
| **Nursing Practice Award** – This award honors a nurse who exemplifies outstanding nursing practice as demonstrated through clinical skills, care and compassion. |  |
| **Patient Champion Award** – This award honors an emergency department nurse who advocates actively for patients and their families and inspires other team members to inform, educate, and advocate for “Safe Practice, Safe Care”.  |  |
| **Leadership Award** – This award honors a nurse who has consistently provided exceptional leadership skills in emergency nursing. This nurse makes significant contributions to the profession and is an example to all emergency nurses. |  |
| **Nursing Mentor Award** – This award recognizes a nurse who has made significant contributions to the education of colleagues, nursing students, EMS personnel, patients/families, and/or the community. |  |
| **Special Awards: (lifetime achievement, distinguished service, injury prevention, special recognition)** *See website or LENA P & P for criteria and supporting documentation required*Please indicate: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

**Directions:**

* Describe reason for nominating and examples of how recipient meets criteria for award.
* Attach additional required documentation if required in award criteria.
* The nomination review process is a blind review. Do not use names in the context of the application. Use pronouns or “nominee.”
* Resumes will not be accepted for review.
* Special Awards require additional documentation in addition to this nominating form. See the LENA website for more information.

|  |
| --- |
| **Nomination:** *type here* |