**NATIONAL ASSOCIATION OF SCHOOL NURSES**

**OUTSTANDING PRIVATE, INDEPENDENT, AND PAROCHIAL SCHOOL NURSE AWARD**

The National Association of School Nurses is accepting nominations for candidates for the award of Outstanding Private, Independent or Parochial School Nurse, a Special Interest Group (SIG) of NASN. This award will be presented at the 2022 NASN Annual Conference to be held in Atlanta Georgia.

**Purpose:**

The purpose of the award is to honor the contributions of private, independent, and parochial school nurses by focusing on one school nurse annually who has demonstrated excellence in her/his school nursing practice.

**CRITERIA:**

**The candidate must:**

* Be a Registered Professional Nurse (RN).
* Hold a minimum of a Bachelor of Science in Nursing (BSN).
* Be a current member of NASN and the PIPSN SIG.
* Have current practice or past practice as a school nurse in a private, independent or parochial school setting for a minimum of 2 years. (Past practice refers to the school nurse who has retired from a private, independent, or parochial school).

**AND**

* Demonstrate evidence of significant contributions to the specialty practice of Private, Independent, and Parochial school nursing. Examples include: evidence of excellence in school nursing practice, publishing a nursing related article, or performing nursing related research.
* Be nominated by a school nurse colleague or school administrator. **A school nurse may also self nominate.**
* Demonstrate a commitment and active support for the PIPSN mission.

**Procedure for submission of application:**

* Downloaded a nomination packet from the NASN website or the PIPSN library.
* Sign and submit one copy of the nomination materials to the PIPSN Awards Chair on or before the specified deadline.

**Materials for nomination include:**

* The PIPSN Award Nomination Form with requested signatures (nominator and nominee).
* A brief narrative signed by the nominator summarizing the nominee’s accomplishments using the following categories below as a guide:

1. Creative school program/ideas

2. Professional involvement/professional development

3. Legislative contributions

4. Community involvement

* Resume or Curriculum Vitae (4 page maximum)
* Supporting letter(s) of recommendation
* Headshot photo sent digitally to the Award Chair. Photo will be used for NASN and PIPSN recognition.

Nomination materials should be emailed by **February 15, 2022** to the PIPSN Awards Chair: Betsy Looney, BSN, RN, BS, NCSN - Blooney618@gmail.com

**Outstanding PIPSN Award Nomination Form**

Complete and return this form, together with the nomination materials to thePIPSN Award Chair: Betsy Looney, BSN, RN, BS, NCSN - Blooney618@gmail.com

All completed nomination materials must be postmarked no later than **February 15, 2022.**

**NOMINEE INFORMATION:**

Name of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree(s) and Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominee’s Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominee’s Contact Numbers: Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominee’s Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NASN Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of years in nursing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of years in school nursing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of years in Private, Independent or Parochial School nursing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of students currently served in school nurse position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relevant Position(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOMINATOR INFORMATION**

Nominator’s Name and Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Nominator’s contact numbers: Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Please forward this form and a copy of the award criteria to your nominee for their affirmation signature.**

I affirm that I meet the eligibility criteria for the Outstanding PIPSN Award. I also affirm that I am willing to uphold and support the mission of the PIPSN.

**Nominee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

\*All submitted nominee materials will be retained for PIPSN historical records unless directed otherwise by the nominee.