

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 $1_{\text{st to}}$ the Awards Chair of SNOW.

Criteria for Selection

Based on ANA Nursing Administration: Scope and Standards of Practice 2nd Edition (2016) http://nursebooks.org/Main-Menu/Standards/Nursing-Admin-SSoP-2E.aspx

- 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.

Jumber of years as an administrator: Jumber of years in school nursing: Jumber of nurses supervised in present position: Jumber of nurses supervised: Josition full-time (per guidelines) Jerovider of direct nursing care in practice (Indicate what %) Jegistered Nurse Jegistered Nurse Jegistered Snow/NASN for preceding five years	me Address:		
mployer's Name:	ork Phone Number: Home Phone N	Number:	
mployer's Address:	nail Address:		
resent Position:	ıployer's Name:		
Provider of direct nursing care in practice (Indicate what %) Registered Nurse	ployer's Address:		
Number of years in school nursing: Grade levels supervised in present position: Number of nurses supervised: Position full-time (per guidelines) Provider of direct nursing care in practice (Indicate what %) Registered Nurse Member of SNOW/NASN for preceding five years	esent Position:		
Aumber of nurses supervised: Position full-time (per guidelines) Provider of direct nursing care in practice (Indicate what %) Registered Nurse Member of SNOW/NASN for preceding five years	mber of years as an administrator:		
Number of nurses supervised:	mber of years in school nursing:		
Provider of direct nursing care in practice (Indicate what %) Registered Nurse Member of SNOW/NASN for preceding five years □Yes	ade levels supervised in present position:		
rovider of direct nursing care in practice (Indicate what %) Legistered Nurse Member of SNOW/NASN for preceding five years DYes	mber of nurses supervised:		
egistered Nurse Yes	sition full-time (per guidelines)	□Yes	□No
Member of SNOW/NASN for preceding five years □Yes	ovider of direct nursing care in practice (Indicate what %)	□Yes	□No
	gistered Nurse	□Yes	□No
larrative describing the nominee's contribution in each of the categories named in the Cr	ember of SNOW/NASN for preceding five years	□Yes	□No
	rrative describing the nominee's contribution in each of the categor	ies named in the Crit	eria Selection:
Clinical Practice Leadership:	inical 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.