



New York State Association of School Nurses

www.nysasn.org

"Caring for New York's Future"

AWARD FOR EXCELLENCE IN SCHOOL NURSING

NOMINATION FORM

(TO BE COMPLETED BY THE PERSON NOMINATING

A CANDIDATE FOR THIS AWARD & SUBMITTED TO THE ZONE AWARD COMMITTEE)

ALL INFORMATION MUST BE COMPLETE:

Name of nominee (please list all credentials as they will appear on the certificate)			
	(NOMINEE MUST BE A MEMBER OF NYSASN FOR THE CURRENT AND PRECEDING TWO YEARS)		
NYSASN Zone #		Name of Zone Representative	
Address (Street)			
(City, Town, Zip)			
Phone (home)			
Phone (work)			
Phone (cell)			
Email			
School District			
School Building		Grade level:	
Number of years in School Nursing			
Number of years as a member in NYSASN		Number of years as a member in NASN	
Other professional affiliations:			
Name, Title and Address of School Administrator/Principal:			
Administrator/Principal's Phone #:			
Name, Title and Address of School Superintendent:			
Superintendent's Phone #:			

Scroll down to continue

DEADLINE: This completed form must be returned to your Zone Representative by February 22, 2025

Nominated by:

Date:

PLEASE STATE YOUR REASONS FOR NOMINATING THIS CANDIDATE: USE REVERSE SIDE AS WELL. THIS MUST BE COMPLETED IN ORDER FOR YOUR CANDIDATE TO BE CONSIDERED FOR THIS AWARD.

DEADLINE: This completed form must be returned to your Zone Representative by February 22, 2025!