

**2020 School Nurse of the Year Award**

**Guidelines and Criteria**

**PURPOSE:**

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

**ELIGIBILITY:**

* The nominee must be a Registered Nurse.
* The nominee must be a member of the School Nurse Association of North Carolina for the current year and preceding two years.
* The nominee must be currently practicing full time as a school nurse in the state of North Carolina. Full time shall mean working the full position that is available.

If the only school nurse position in that community involves fewer hours than usual full

time, it will be considered full time for the purposes of eligibility.

* Evidence of excellence in school nursing practice must be presented.
* A school nurse may be nominated by a school nurse colleague, administrator, supervisor, teacher, parent, student, or other person affected by school nursing practice.
* The nomination materials must be received on or before the specified date indicated on the nomination form (**October 1**).

**PROCEDURE:**

* Nomination form may be downloaded from the SNANC website or requested from the Nomination Chair.
* Submit one copy of the completed nomination materials to the Nomination Chair. The submission should be electronic as an attachment.
* In order to promote an unbiased selection, the application should be written in a “blind format.” The applicant’s name should only appear on the cover sheet. In the narrative portion or in recommendation letters, refer to the applicant as “he/she” and “this nurse.”

**MATERIALS FOR A NOMINATION MUST INCLUDE:**

* The School Nurse of the Year Award Nomination Form with required signature.
* A brief narrative 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. Political/legislative contributions

4. Community involvement

* Resume or Curriculum Vitae
* Supporting letter(s) of recommendation
* Headshot photo to be used on the website and other forms of recognition. This should be sent digitally as a jpg to the Nomination Chair.

Nomination materials must be submitted to the School Nurse Association Nomination Chair. The Nomination Chair shall convene the School Nurse of the Year Selection Committee to review the nomination materials and select the recipient using the above selection criteria.

The Nomination Chair shall notify the SNANC President and Executive Board members of the School Nurse of the Year selection.

The President of the School Nurse Association of North Carolina shall telephone the selected person and send a follow-up letter of confirmation. The person who nominated the selected person and the selected person’s supervisor shall be notified by email of the nominee selected and invited to attend the award service. The nominator will be asked to introduce the award winner.

The Nomination Chair will notify the other nominees by email and thank them for their participation.

Presentation of the award shall be made at SNANC’s Annual Meeting. The chosen School Nurse of the Year will be given a choice between:

A one-year membership to SNANC and payment of the registration fee for the annual North Carolina School Nurse Conference

**OR**

Payment of their registration fee to the upcoming NASN Annual Conference.



**2020 School Nurse of the Year Award**

**Nomination Form**

Complete and return this form along with the other nomination materials to the Nomination Chair: **Cheryl Blake** at **cherylwblake@gmail.com** **.** The completed nomination packet must be received no later than **October 1.**

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

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

Nominee’s Phone Number: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Employer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immediate Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Years in present position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Years in School Nursing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade levels covered in present position: \_\_\_\_\_\_\_\_\_\_\_\_ Number of students served: \_\_\_\_\_\_\_\_\_

Nominated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I affirm that I meet eligibility criteria for the School Nurse of the Year Award.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Nominee Date**