
Nursing Excellence Awards

Recognizing outstanding contributions to nursing in our region

Sponsored by
InterAct For Change

InterAct for Change invites you to submit nominee(s) for **The Nursing Excellence Awards**. The awards honor individuals who have demonstrated outstanding contributions to nursing in Ohio, Kentucky, or Indiana. The awards will be presented in conjunction with the annual presentation of nursing scholarships to be held May 4, 2017.

Criteria

The purpose of the award is to recognize outstanding contributions to nursing in Ohio, Kentucky, or Indiana.

Nominees should exemplify contributions in one or more of the following ways:

- Longstanding leadership in nursing;
- Exceptional clinical practice or professional care delivery;
- Creativity in responding to opportunities or challenges;
- Significant positive impact on nursing issues, care delivery, education or practice.

Eligibility

These awards recognize contributions to nursing can be made by individuals in a variety of practice settings, institutions and organizations. We are purposefully casting our net broadly. Any registered nurse who is actively involved in a paid or volunteer leadership capacity - for example, as a board member, executive, manager or other leadership capacity- is eligible to be nominated. Self nominations are welcome. The clinical practice award nominee would include direct patient care providers or faculty teaching in the hospital or any community setting.

Selection

InterAct for Change will annually appoint a committee to review nominations and to select the honoree for each award. One award will be given for leadership and one for clinical practice. The awards will be presented Wednesday, May 4, 2017.

Nomination Process

Please write a letter of nomination describing how the nominee(s) fulfills the award criteria (see details above) and complete the enclosed nomination form. Be specific in your comments and provide examples where appropriate. Please include a curriculum vitae or resume for the nominee.

References should be persons who are both interested in supporting this nomination and familiar with the nominee(s)' work. Please send all nominations, **postmarked on or before February 14, 2017**, to:

InterAct For Change Nursing Excellence Award
3805 Edwards Road, Suite 500
Cincinnati, OH 45209
fax 513-458-6610

If you have questions, please contact Francie Wolgin at 513-458-6612 or fwolgin@interactforhealth.org.

Thank you for your nomination.

Nursing Excellence Award

To Submit a Nomination

1. Complete all information as requested and return to InterAct for Change at the address below. **All nominations must be postmarked on or before February 14, 2017.**
2. Complete the nomination form.
3. Attach a letter of nomination (2 pages maximum) describing the nominee(s). Please address the following:
 - a. Demonstrate longstanding leadership in nursing either within the field or in the community served;
 - b. Demonstrate a significant positive impact on nursing issues, care delivery, education or practice
 - c. Demonstrate creativity in responding to opportunities, challenges or problems.
4. Attach a curriculum vitae or resume for the nominee.
5. Return the form, letter and accompanying materials to:

InterAct For Change Nursing Excellence Award

3805 Edwards Road, Suite 500
Cincinnati, OH 45209

fax 513-458-6610

or e-mail with attachments to fwolgin@interactforhealth.org.

If you have questions, please contact Ms. Francie Wolgin at 513-458-6612, or e-mail her at fwolgin@interactforhealth.org.

Nursing Excellence Award

2017 Nomination Form

Nominee

Name		
Title		
Organization/affiliation		
Address		
City		
State	Zip code	Fax
Telephone		E-mail

Nominator

Name		
Title		
Organization/affiliation		
Relationship to Nominee		
Address		
City		
State	Zip code	Fax
Telephone		E-mail
Signature and Date		

Who else would be familiar with the nominee(s)' work?

List two individuals who are knowledgeable about the nominee(s) and are willing to provide additional information.

Name		
Title		
Organization/affiliation		
Relationship to Nominee		
Address		
City		
State	Zip code	Fax
Telephone		E-mail

Name		
Title		
Organization/affiliation		
Relationship to Nominee		
Address		
City		
State	Zip code	Fax
Telephone		E-mail

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