



January 2023

Dear Colleague,

Once again it is time to seek nominations for the Stateline Nurses Network NFP awards. An award or awards will be given again this year in the following categories. The **Excellence in Nursing Award** is for an outstanding nurse who has demonstrated excellence in practice. Specific criteria for this award are listed on the nomination form. The **Distinguished Advocate for Nursing Award** is for an individual (nurse or non-nurse), group, agency, or institution that has/have promoted and or supported nurses, the nursing profession, or the specific missions of nursing.

Enclosed are the nomination forms and a list of past recipients. We encourage you to copy the forms and display or distribute them at your place of employment or any professional organization with which you are associated. Please send completed forms to:

Sharon Garcia, MS, RN

Email: sg14784@gmail.com

*******The deadline for the nominations is Friday, March 31, 2023*******

Nominations received after the deadline will not be considered. **It is very important that you use your best evidence to discuss why you believe your nominee should receive this honor. The committee uses only the information written by you regarding the nominee. Please use additional paper and include the nominee's curriculum vitae or professional resume if available.**

All nominees and award winners will be acknowledged during Nurses Expo on Friday, April 28, 2023. Personal letters of congratulations will be mailed to all nominees.

If you have any questions, please feel free to contact me at sg14784@gmail.com or 815-871-9663.

We look forward to all nominations as we celebrate the nursing profession in 2023.

Sincerely,

Sharon Garcia, MS, RN

Stateline Nurses Network President & Awards Committee Member



DISTINGUISHED ADVOCATE FOR NURSING AWARD

Nomination Form

CRITERIA:

This award is given to an individual, group, agency, or institution that has promoted and/or supported nurses, the nursing profession, or the specific missions of nursing.

Previous winners are eligible for re-nomination provided they are being nominated for accomplishments made **after** their past award.

(Please write the name of the contact person for the nominated group, agency or institution that is to be notified if a group is chosen for the award.)

NOMINEE INFORMATION (individual nurse or non-nurse, group or institution):

Nominee Name (Group/Institution & Contact Person): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ Business Phone: _____

Email: _____

Work Title/Credentials: _____ Employed By: _____

If a group, please list individuals in the group (if known): _____

On a separate sheet of paper:

1. How has the individual, group, agency or institution promoted nursing or nurses
2. Additional Comments

NOMINATOR INFORMATION:

Nominator's Name: _____
(Last) (First)

Home Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ Email: _____

(Signature)

Deadline: Friday, March 31, 2023

Return to:
Email:

Sharon Garcia, MS, RN
sg14784@gmail.com

Questions:

sg14784@gmail.com or
Sharon Garcia – 815-871-9663



EXCELLENCE IN NURSING AWARD

Nomination Form

NOMINEE INFORMATION:

Nominee's Name: _____
(Last) (First)

Home Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ Business Phone: _____

Email: _____

Work Title/Credentials: _____ Employed By: _____

Criteria: Please respond on a separate sheet of paper to all of the criteria and include specific examples.

1. Include nursing organization membership, committee activities, offices held and community activities engaged in
2. What have been the contributions to exemplary professional practice?
3. What has been the community engagement for this nominee?
4. What input has the nominee had with policy development?
5. What is the nominee's essence of nursing?
6. Additional comments.

(NOTE: Previous winners are eligible for re-nomination provided they are being nominated for accomplishments made after their past award)

NOMINATOR INFORMATION:

Nominator's Name: _____
(Last) (First)

Home Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ Business Phone: _____

Email: _____

(Signature)

Deadline: Friday, March 31, 2023

Return to:
Email:

Sharon Garcia, MS, RN
sg14784@gmail.com

Questions:

sg14784@gmail.com or
Sharon Garcia – 815-871-9663