

New Jersey League for Nursing (NJLN)

Nurse Recognition 2018 Award Application

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| Please Type all Information, and Submit Completed Application Package by September 14, 2018 to E-mail: info@njln.org | | | | | |
| **Sponsoring**  **Organization (if applicable):** | | | | | |
| **Sponsors**  **Contact Name:** | | | | **Title:** | |
| **Address:** | | | | | |
| **City:** | **State:** | | | | **ZIP Code:** |
| **Preferred**  **Telephone Number:** | | **E-Mail Address:** | | | |
| **Yes, Nominee is a current member of the NJLN ☐** | | | | | |
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| **Award Nominee Contact Information** | | | | | |
| **Nominee’s Name:** | | | | **Credentials:** | |
| **Address:** | | | | | |
| **City:** | **State:** | | | | **ZIP Code:** |
| **Preferred**  **Telephone Number:** | | **E-Mail Address:** | | | |
| **Current Employer:** | | | | | |
| **Position:** | | | | | |
| **Address:** | | | **City and State:** | | |

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| **Complete All Information In This Section**  ***(Please type your response in the boxes below)*** | |
| **Please Include a resume/CV for reference purposes only, it may not be a substitute for answering any of the following areas.** | |
| 1. **Provide a brief description of the Nominee’s responsibilities in current professional position.** | |
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| 1. **Describe how the nominee demonstrates excellence in nursing through direct or indirect patient care or through teaching.** | |
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| 1. **Provide specific examples of how the Nominee exhibits outstanding leadership skills, caring behavior and adherence to nursing responsibilities beyond normal role functions.** | |
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| 1. **Describe how the nominee has made an outstanding contribution to nursing practice and/or education. List any community involvement related to health care.** | |
|  | |
| **How did you learn about the NJLN Nurses Recognition Program?**  Colleague  NJLN Website  Financial Aid Office  Dean/Professor  Friend/Family  Other *(Indicate Source)*: | |
| *Note: Review the NJLN Nurse Recognition Award Criteria to ensure you have met all requirements before submitting* *your nomination. Completed application and supporting documents must be received no later than September 14, 2018. Submit your entire application package to E-Mail:* [*info@njln.org*](mailto:info@njln.org) *or Mail: NJLN, P.O. Box 165, Garwood, NJ 07027* | |
| **I certify that all information on this application is correct. (check box)** | |
| **E-Signature of Applicant:** | **Date:** Click or tap to enter a date. |