

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.**
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| **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* *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. |