

MARYLAND NURSES ASSOCIATION
Outstanding DISSEMINATION OF HEALTH INFORMATION Award
Nomination Form

Please Print or Type **Date** _____

Name of Nominee _____

Address _____

_____ Zip _____

Daytime Phone _____ MNA District _____

Name of Nominee's Local Newspaper _____

Address of Newspaper _____

_____ Zip _____

Phone Number of Newspaper _____

Name of Person Making Nomination _____

Address _____

_____ Zip _____

Daytime Phone _____ MNA District _____

Nomination Criteria: The nominee must **NOT** be identified by name in the materials submitted. The nominee's name may only appear on this Nomination Form. Nominations that do not follow this anonymous format will not be considered.

Please address the following in 500 words or less:

1. Identify the medium and the particular bibliography or other reference for which the individual is being recognized. Be as specific as possible. If an article is involved, attach a copy if possible.
2. Describe the impact or significance of the "piece" on the community's health information.
3. List other contributions to the community made by the nominee.
4. Include any additional comments on behalf of the nominee.
5. Please submit a photograph of the nominee with this Nomination Form.

Attach this *Nomination Form* to the supporting materials and forward to Awards Committee in care of Maryland Nurses Association, 6 Park Center Court, Suite 212, Owings Mills, MD 21117. Phone: 443-334-5110.

MARYLAND NURSES ASSOCIATION
Outstanding NURSE EDUCATOR Award
Nomination Form

Please Print or Type **Date** _____

Name of Nominee _____

Address _____

_____ Zip _____

Daytime Phone _____ MNA District _____

Name of Nominee's Local Newspaper _____

Address of Newspaper _____

_____ Zip _____

Phone Number of Newspaper _____

Name of Person Making Nomination _____

Address _____

_____ Zip _____

Daytime Phone _____ MNA District _____

Nomination Criteria: The nominee must **NOT** be identified by name in the materials submitted. The nominee's name may only appear on this Nomination Form. Nominations that do not follow this anonymous format will not be considered.

Please address the following in 500 words or less:

1. Describe nursing education, continuing education or staff development activities within the past year.
2. Identify the impact of this nominee's educational leadership on others.
3. List any other contribution to the profession made by the nominee, e.g., publications.
4. Include any additional comments on behalf of the nominee.
5. Please submit a photograph of the nominee with this Nomination Form.

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MARYLAND NURSES ASSOCIATION
Outstanding NURSING PRACTICE Award
Nomination Form

Please Print or Type **Date** _____

Name of Nominee _____

Address _____

_____ Zip _____

Daytime Phone _____ MNA District _____

Name of Nominee's Local Newspaper _____

Address of Newspaper _____

_____ Zip _____

Phone Number of Newspaper _____

Name of Person Making Nomination _____

Address _____

_____ Zip _____

Daytime Phone _____ MNA District _____

Nomination Criteria: The nominee must **NOT** be identified by name in the materials submitted. The nominee's name may only appear on this Nomination Form. Nominations that do not follow this anonymous format will not be considered.

Please address the following in 500 words or less:

1. Describe your relationship/experience with the nominee.
2. Detail the attributes which you have observed in this candidate's nursing care that deserve special recognition. Anecdotal evidence is welcome.
3. List other contributions by the nominee to patient/client care, the profession or to the community.
4. Please submit a photograph of the nominee with this Nomination Form.

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MARYLAND NURSES ASSOCIATION
Outstanding LEADERSHIP Award
Nomination Form

Please Print or Type **Date** _____

Name of Nominee _____

Address _____

_____ Zip _____

Daytime Phone _____ MNA District _____

Name of Nominee's Local Newspaper _____

Address of Newspaper _____

_____ Zip _____

Phone Number of Newspaper _____

Name of Person Making Nomination _____

Address _____

_____ Zip _____

Daytime Phone _____ MNA District _____

Nomination Criteria: The nominee must **NOT** be identified by name in the materials submitted. The nominee's name may only appear on this Nomination Form. Nominations that do not follow this anonymous format will not be considered.

Please address the following in 500 words or less:

1. Describe leadership capacities in MNA.
2. Identify the impact of this nominee's leadership on other members, the Association, the profession and the community.
3. List any other contributions to the profession by this nominee, e.g., publications.
4. Please submit a photograph of the nominee with this Nomination Form.

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MARYLAND NURSES ASSOCIATION
Outstanding ADVANCED PRACTICE CLINICAL Award
Nomination Form

Please Print or Type _____ **Date** _____

Name of Nominee _____

Address _____

_____ Zip _____

Daytime Phone _____ MNA District _____

Name of Nominee's Local Newspaper _____

Address of Newspaper _____

_____ Zip _____

Phone Number of Newspaper _____

Name of Person Making Nomination _____

Address _____

_____ Zip _____

Daytime Phone _____ MNA District _____

Nomination Criteria: The nominee must **NOT** be identified by name in the materials submitted. The nominee's name may only appear on this Nomination Form. Nominations that do not follow this anonymous format will not be considered.

Please address the following in 500 words or less:

1. Identify the area of clinical practice.
2. Describe in detail the nominee's innovations and/or special accomplishments in this area of clinical practice.
3. Identify the impact of this nominee's clinical superiority on colleagues, clients and family, the profession, the community, etc.
4. List any other contributions to the profession.
5. Include any additional comments on behalf of the nominee.
6. Please submit a photograph of the nominee with this Nomination Form.

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MARYLAND NURSES ASSOCIATION

Outstanding PATHFINDER Award Nomination Form

Please Print or Type Date _____

Name of Nominee _____

Address _____

_____ Zip _____

Daytime Phone _____ MNA District _____

Name of Nominee's Local Newspaper _____

Address of Newspaper _____

_____ Zip _____

Phone Number of Newspaper _____

Name of Person Making Nomination _____

Address _____

_____ Zip _____

Daytime Phone _____ MNA District _____

Nomination Criteria: The nominee must **NOT** be identified by name in the materials submitted. The nominee's name may only appear on this Nomination Form. Nominations that do not follow this anonymous format will not be considered.

Please address the following in 500 words or less:

1. Describe in detail the nominee's innovations and/or creative approaches to the Nursing "agenda."
2. Identify the impact of nominee's contributions to the nursing profession.
3. List any other contributions to the profession.
4. Include any additional comments on behalf of the nominee.
5. Please submit a photograph of the nominee with this Nomination Form.

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MARYLAND NURSES ASSOCIATION
Outstanding MENTORING Award
Nomination Form

Please Print or Type **Date** _____

Name of Nominee _____

Address _____

_____ Zip _____

Daytime Phone _____ MNA District _____

Name of Nominee's Local Newspaper _____

Address of Newspaper _____

_____ Zip _____

Phone Number of Newspaper _____

Name of Person Making Nomination _____

Address _____

_____ Zip _____

Daytime Phone _____ MNA District _____

Nomination Criteria: The nominee must **NOT** be identified by name in the materials submitted. The nominee's name may only appear on this Nomination Form. Nominations that do not follow this anonymous format will not be considered.

Please address the following in 500 words or less:

1. Describe how this individual's mentoring influenced you or others
2. Detail mentoring attributes which you have observed in this candidate.
3. List other contributions made by the nominee to the patient, patient care, the nursing profession, MNA or to the community.
4. Please submit a photograph of the nominee with materials.

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MARYLAND NURSES ASSOCIATION
Stierle Exemplary Service Award
Nomination Form

Please Print or Type

Date _____

Name of Nominee _____

Address _____

_____ Zip _____

Daytime Phone _____ MNA District _____

Name of Nominee's Local Newspaper _____

Address of Newspaper _____

_____ Zip _____

Phone Number of Newspaper _____

Name of Person Making Nomination _____

Address _____

_____ Zip _____

Daytime Phone _____ MNA District _____

Nomination Criteria: The nominee must **NOT** be identified by name in the materials submitted. The nominee's name may only appear on this Nomination Form. Nominations that do not follow this anonymous format will not be considered.

Please address the following in 500 words or less:

1. Describe the exemplary service to the association and/or the nursing profession that this individual has made through significant contributions to a MNA Committee/Board, a MNA District Committee/Board, and/or through efforts that enhance the Maryland Nurses Association and/or the nursing profession as a whole.
2. Detail the exemplary service which you have observed in this candidate.
3. List other contributions made by the nominee to the patient, patient care, the nursing profession, MNA or to the community.
4. Please submit a photograph of the nominee with materials.

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