



## Outstanding Nurse of the Year Award

**\*Nominations Accepted Until October 1<sup>st</sup> 2021**

**1. Nominee requirements:**

- a. Minimum two years of active membership in the New England Region of WOCN Society®.
- b. Minimum of one current certification recognized by WOCNCB® [www.wocncb.org](http://www.wocncb.org)
- c. See below for additional Nominee requirements located under 3c. 1) and 2).

**2. Nominator requirements:**

- a. A New England Region WOCN Society® member or other professional colleague (e.g. co-worker, manager, colorectal surgeon etc. is eligible to make a nomination).
- b. Nominator submits a letter of recommendation with practice excellence exemplars and completed form via email to the Membership Chair Karen Baggetta at [karenbaggetta11@gmail.com](mailto:karenbaggetta11@gmail.com)

**3. Selection process:**

- a. Membership Chair reviews nominations for completeness.
- b. Membership Chair notifies nominees via email and/or phone.
- c. Nominees are asked to submit the following to the Membership Chair:
  - 1) Self-evaluation (max 200 words)
  - 2) 2nd letter of recommendation from a professional colleague in addition to the nominator's letter, outlining support for the nominee's eligibility for the award.
- d. A Task force of 3 active members: 2 Membership Committee Members plus 1 Board Member (or vice versa) will do a blind review of eligible nominee applications.
- e. Award recipient announced at the New England Region of WOCN Society Fall Conference.

**Deadline for submission will be strictly observed.**

**Nominee Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone numbers (work):** \_\_\_\_\_ **(Cell)** \_\_\_\_\_  
**email:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_

**Nominator Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone numbers (work):** \_\_\_\_\_ **(Cell)** \_\_\_\_\_  
**email:** \_\_\_\_\_