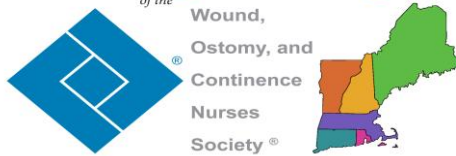


New England Region



Outstanding Nurse of the Year Award

***Nominations Accepted Until September 15th 2019**

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
- 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 (see website for name/address). www.newenglandregionwocn.org

3. **Selection process:**

- a. Membership Chair reviews nominations for completeness.
- b. Membership Chair notifies nominee via email and/or phone.
- c. Nominees is 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): _____

(mobile): _____

(home): _____

email: _____

Employer: _____

Nominator

Name: _____

Address: _____

Phone numbers (work): _____

(mobile): _____

(home): _____

email: _____