

2013 AANP State Award Nomination Form – word document

Please use this word document to craft your nomination, then cut and paste your answers into the [online portal](#). Please provide your nomination to [Jana Alexander](#).

Please read our FAQ for a complete description of the State Award Nomination process.

If you have questions or need additional information, email stateawards@aanp.org or contact Beverly McLemore, Communications Projects Coordinator, at 512-442-4262, ext. 5233.

Nominee Information (please complete for the person you are nominating)

First Name:

Last Name:

Credentials:

Nominated as: Nurse Practitioner

Nurse Practitioner Advocate

State to represent: (drop down)

Street Address (City/State/ZIP):

Email:

Telephone:

Fax:

Nominee Employer Information (please complete for the person you are nominating)

Employer Name:

Street Address

City/State/ZIP

Telephone:

Nominator Information (please complete your information)

First Name:

Last Name:

Street Address:

City/State/ZIP:

Email:

Telephone:

Fax:

Supporting Evidence (please describe supporting reasons for this nomination)

Brief Description of Qualifications and Accomplishments of Nominee (Max 250 Words):

Three Points Highlighting the Achievement of Nominee (30 Words Per point):

Achievement 1:

Achievement 2:

Achievement 3: