

Morningside College
Department of Nursing
Alumnus/a of the Year Nomination

Name: _____

Address: _____

Email: _____ **Phone:** _____

Current Employment: _____

Specialization/Certification: _____

Position/responsibilities: _____

Previous nursing practice areas: _____

Professional Development: _____

Leadership: _____

Publications/Presentations/Research Utilization

Please include a brief narrative in support of this nomination.

Please return completed form to:
Dept. of Nursing
Morningside College
1501 Morningside Avenue
Sioux City, IA 51106