



## **Nomination Form**

### **2015 Heroes in Nursing Awards**

**Sponsored by the Alaska Nurses Association**

**Winners will be announced at the 2015 Nurses  
Week Banquet which will be held**

**Saturday, May 9, 2015**

**6:00 PM**

**Millennium Hotel**

**4800 Spenard Road**

**Anchorage, AK 99517**

## **How to Nominate a Nurse**

1. Co-workers, patients, friends, businesses, and organizations may nominate nurses. The nurse must have lived and served as a nurse in the State of Alaska as of January 1, 2014 (military nurses exempt\*) and be in good standing with the Alaska Board of Nursing. The nominee must exemplify an extraordinary level of patient care, compassion, and integrity.
2. Fill in the nominee's personal information on the nomination form.
3. Complete a nomination form with a narrative about why you believe this nurse should receive the award. Remember, the narrative is what the judges will read to determine the winners so provide a complete story.
4. Please type your narrative using a MAXIMUM of two pages. Explain why you feel this nominee is deserving of the award: exemplary personal and professional care to Alaskan individuals and communities as demonstrated the past year.
5. Refrain from using the nominee's name or gender in the narrative – refer to the nominee as “the nominee” or “this person.”
6. The nomination fee is \$35.00, which includes the nominee's invitation, dinner, and recognition at the event. Please attach receipt to nomination forms.
7. Submit your nomination form to Andrea Nutty; [andrea@aknurse.org](mailto:andrea@aknurse.org), drop off at 3701 E. Tudor Rd. Ste 208, or fax to the Alaska Nurses Association at 907-272-0292.
- 8. NOMINATIONS ARE DUE NO LATER THAN FRIDAY, APRIL 30, 2015, 5:00 PM.**

### **\*Military Criteria**

Nominees must have resided in Alaska and provided personal and professional contributions since January 1, 2015.



## Alaska Nurses Association 2015 Heroes in Nursing Awards

Please fill out one per nominee and attach forms. Print or type clearly.

### Nominee's Information

Nominee's Name: \_\_\_\_\_

Employer/Hospital: \_\_\_\_\_

Home/Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

(INCLUDE AREA CODE)

Email: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### Your Information

Your Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

What is your affiliation with the nominee? \_\_\_\_\_

### Categories, Please Check Only One Per Nominee:

Everyday Hero:  Best Preceptor:  Outstanding Community Nurse:  Future Nurse Leader:

### Instructions for submitting your nomination:

The nomination Fee is \$35.00 (click here). Make sure you have attached your nomination form, your typed narrative about why you think the nominee deserves the award, and the fee receipt. You can enter your nomination one of 3 ways:

1. Go to the Alaska Nurses Association website; there you will be able to fill out the form and submit your payment:
  - a) then, email your forms to Andrea Nutty at [andrea@aknurse.org](mailto:andrea@aknurse.org)
  - b) or, fax to 907-272-0292
2. Or drop off the completed application packet with payment at the Alaska Nurses Association office at 3701 E. Tudor Road, Suite, 208, Anchorage, Alaska.