

Nominations Deadline August 30th

The March of Dimes New Jersey Nurse of the Year Awards will publicly honor the contributions of nurses statewide who have demonstrated excellence in the practice of nursing. We will honor nurses who contribute through research, community services, education, advocacy, and clinical excellence to give all people a fighting chance against the threats to their health.

Complete the Nomination Information below in its entirety and select one of the submission options by August 30, 2010! Your Nominee will be sent a full application packet to confirm their nomination for the award. Use a separate nomination form for each nominee.

Nominee Information (Submit as completely as possible)

Nominee's Name: Specific Department or Specialty Area: Supervisors email			Name of Facility/Place of Employment: Supervisor's Name: Supervisors' Phone																
										Work Address:		City:		Stat	e:	Zip:			
										Home Address (optional):		City:			State	:	Zip:		
Nominee's Phone:	Nominee's Work I	E-mail:		Home E-Ma	ail:														
Person Nominating Nurse:		Your Phone							ī										
Your relationship to Nominee			Your email																
Advanced Practice		Ger	neral Adul	ral Adult Care		Neonatal													
Adult Critical Care/Emergency		☐ Hos	spice/Home Health/		/	Nurse Champion													
Behavioral Health		Pall	liative Car			Pediatrics													
_		Lea	dership	hip			Public Health/Occupati												
Case Management/ Quality/Risk Management/Clinical Informatics			g-Term Acute Care / abilitation/Long Term			Health/ Ambulato			•										
Education/Research		Car]Women'	men's Health											
		LPN	J																