



Meeting the needs of nurses in
Anoka, Carver, Hennepin and
Scott Counties

3rd District Nurses Clinical Performance Award Nomination Form

NOMINEE INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Home Street Address _____ Phone _____ Email _____

City _____ State _____ Zip Code _____

Employer _____ Work Address _____ Work Phone _____

Is nominee actively employed in clinical practice at least half time? (**Circle one**) Yes No

Describe on the back of this paper how the nominee demonstrates excellence in nursing in at least three of the following ways.

- A Innovative nursing practice
- B Advocates for clients and their families
- C Develops himself/herself professionally
- D Serves as a preceptor/role model for others
- E Collaborates with other disciplines
- F Upholds the ANA Standards of Nursing Practice
- G Certified by a nationally recognized certification body in his/her area of specialty (please enclose a copy of certification document)

Nomination submitted by:

Name _____ Email _____

Address _____

Home Phone _____ Work Phone _____

For more information and downloadable forms please see our website.

Please complete this form and submit no later than **April 1**. Include: documentation of how the nominee demonstrates excellence in clinical performance nursing using one of the statements of support columns on the back of this application.

Provide statements of support from two others on the back of this statement.

3rd District Nurses Awards Committee

4445 West 77th St., Suite 121, Edina, MN 55435

(952) 920-9860/Fax: (952) 920-8689

website: www.nursesce.org, email molson@nursesce.org

Clinical Performance Award

Three brief statements in support of nominee (may be handwritten)

Nomination Support Letter

Nomination Support Letter

Nomination Support Letter

I nominate _____

I nominate _____

I nominate _____

For _____

For _____

For _____

because

because

because

Signed:

Signed:

Signed: