**PNASC Inc.** Chapter Member of PNA America

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**NOMINATION FORM FOR AWARDS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Nominee:** | |  | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | |
| Telephone Number: Home | | | | | | (   )    - |  | Work | (   )    - | |  | Cell | | (   )    - | |  |
| Fax: | (   )    - | | | |  | | | Email: | |  | | | | |  | |
| Position/Occupation: | | | |  | | | | | | | | | | | | |
| Employer: | |  | | | | | | | | | | | | | | |
| Business Address: | | |  | | | | | | | | | | | | | |
| PNASC current member: Yes. Number of years as a member (   ) | | | | | | | | | | | | | No, not a member. | | | |

**2. Type of award** the nominee should be considered. Check one.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Clinical | Administration | Research | Education | Community Service | Entrepreneur |

**3. Justification (The required documents below must be submitted in a timely manner)**

In more specific terms, please indicate on a one-page summary (no more than 350 words) why you think your nominee deserves the award. Indicate only the significant achievements or outstanding contributions of the nominee in the particular award category. Submit biodata/resume, documents to support significant achievements and contributions, research paper and a 2x2 size recent photo. To be considered as potential awardee, the nominee must have a score equal or greater than (>) 85%. Electronic documents are preferred, however, hard copies are acceptable.

**If chosen as an awardee, your attendance is required during the award ceremony Nurses Week event in May 2020**

4. **Attestation**

I attest to all facts contained in this form and give permission for said facts to be verified and/or used for publication.

Signature of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Nomination**

I wish to nominate the person mentioned above as for the award as indicated.

Signature of Nominator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Nominator: | | |  | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | |
| Telephone Number: Home | | | | | (   )    - |  | Work | (   )    - | |  | Cell | (   )    - | |  |
| Fax: | (   )    - | | |  | | | Email: | |  | | | |  | |

**Completed nomination form, justification, photo, and supporting documents must be received by March 15, 2020. Late and incomplete entries will be invalidated.**

**Email nomination forms and requirements to: PNASC Awards Committee**

**c/o Jessie Jurado E-mail: jessiemjurado@gmail.com**

*Excellence Awards Form 2a - Jan2012*

**PHILIPPINE NURSES ASSOCIATION OF SOUTHERN CALIFORNIA**