



## Florence Nightingale Memorial Award

### I nominate:

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*First Name*                      *MI*                      *Last Name*                      *Nurse's Credentials*

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*Nominee's Workplace & Work Address*

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*Nominee's Home and Work Phones*

### My Information:

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*First Name*                      *MI*                      *Last Name*                      *My Credentials*

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*Home Address, eMail and Daytime Phone Number*

**May we inform the nominee that you have nominated them for this award? YES NO**

**How are you acquainted with the nominee? \_\_\_\_\_**

*Please attach a one page summary, double spaced, at least 10 font, explaining why this nominee should be considered for this award. Please include specific examples of his/her excellence in nursing, leadership qualities, and the impact he/she has made on patients or co-workers. Also include any community involvement.*

### Guidelines

1. Nominee must be a licensed RN in the state of Missouri.
2. Nominee may work in any nursing capacity, and live anywhere in Southwest Missouri.
3. All fields on nomination form must be completed in order to be considered.

### Judging

1. A panel of nursing and community leaders will serve on the judging panel.
2. Judging criteria will include contribution to nursing, demonstration of leadership, and commitment to community. Bonus points may be awarded based on clinical excellence or other activities described in the nomination.
3. All nominees will receive a certificate. The top finalist(s) will receive dinner and recognition at the banquet, and a plaque commemorating their achievement.

### Deadline

1. All nominations must be postmarked by April 27<sup>th</sup>.
2. Mail to: Jami Blackwell, RN. 5249 Woodcliffe Dr., Springfield. 65804. Or email to: [jamiann.blackwell@coxhealth.com](mailto:jamiann.blackwell@coxhealth.com)
3. For additional questions, please contact **Billie Nelson, Chair, 417-767-2984 or email at [billienelson@yahoo.com](mailto:billienelson@yahoo.com)**