



**AWARD NOMINATING FORM  
EXCELLENCE IN NURSING PRACTICE AWARD – STAFF NURSE**

The excellence in **Nursing Practice Award – Staff Nurse** recognizes the staff nurse’s accomplishments and innovative approaches which demonstrate direct care impact on one patient or group of patients. This award is given to a staff nurse in any setting. The staff nurse's accomplishments and innovative approaches should demonstrate direct care impact or impact on the overall system which affects the direct care of patients

**Criteria**

1. The nominee is presently employed in a position that includes responsibility for providing direct care to patients.
2. The nominee shows leadership in instituting the nursing process in patient care.
3. The nominee involves family or significant others in the care of patients.
4. The nominee provides for own self-growth and development.
5. The nominee has developed an innovative approach for dealing with a patient care problem.
6. The nominee influences other nurses to provide excellent care to patients.
7. The nominee is actively involved and encourages involvement in ONA.
8. The nominee demonstrates professional qualities in nursing.

**Please enter all information requested. Each criterion must be addressed. (Additional pages may be added as needed.) Incomplete forms will not be considered.**

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

Business Telephone \_\_\_\_\_  
Area Code      Number      Extension

Home Address \_\_\_\_\_

City      State      Zip Code

Home Telephone \_\_\_\_\_  
Area Code      Number

Name of Nominee's District \_\_\_\_\_

This nomination is submitted by: \_\_\_\_\_

Name	Title		
_____	_____	Individual Member	District      Unit
Date			

**Attach all supporting materials (narrative responses, and letters of support) as described in the Procedures for Nominations. A CV or Resume will only be accepted for the Excellence in Research Award. All of the requested information must be submitted for consideration by the Awards Committee by June 14th of convention year (odd years).**

Nominee NPSN # \_\_\_\_\_ (For ONA Use Only)

*Please save a copy of the form to your computer before completing as data is not saved.*



**CRITERIA REPORT – omit any identifying information**

**EXCELLENCE IN NURSING PRACTICE AWARD – STAFF NURSE**

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Yes          No          Provide job title \_\_\_\_\_

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3. The nominee involves family or significant others in the care of patients.

4. The nominee provides for own self-growth and development.

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5. The nominee has developed an innovative approach for dealing with patient care problems.

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