LSSNMAIA Members Award and Recognition Nomination Form

Award Category: • [] Life • [] Distinguished Direct Patient Care Award • [] Early Career Nurse Leader Award • [] Foundations of Nursing Practice Award • [] Public Health Service Award • [] Nurse Educator Award • [] Nurse Educator Award • [] Cor • [] Aca Reason for Nomination: • Describe the nominee's achievements and contributions: • (Provide specific examples and evidence of the nominee's impact of community.) Continue on a separate paper. Supporting Documents: • (Attach any relevant documents, such as letters of recommendation, certifications) Nominator Information: • Departing Documents: • Organ	Email: Phone Number: Manager's Name and Phone:
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0	Email:
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I hereby declare that the information provided in this nomination form is true	and accurate to the best of my knowled
Signature: (Nominator's Signature)	
Return your nomination form/s to events@lssnmaia.org or by DM via Member's What	Date:

- **Be Specific:** Provide detailed examples and evidence to support the nomination.
- **Highlight Impact:** Focus on the nominee's contributions and their impact on nursing practice, patient care, and the community.
- Be Concise: Keep nominations clear and to the point, include all relevant information is without unnecessary details.
- Follow Guidelines: Adhere to the specific criteria and guidelines provided for each award category.

Instructions for Judges:

- Evaluate Thoroughly: Assess each nomination based on the provided criteria and the nominee's overall contributions.
- Consider Impact: Focus on the nominee's impact on nursing practice, education, leadership, and community service.
- **Be Objective:** Ensure a fair and unbiased evaluation process, considering all relevant information provided by the nominators.