

NEBRASKA NURSES ASSOCIATION

2014 NEBRASKA NURSING HALL OF FAME NOMINATION FORM

[Please PRINT or TYPE]

PART A. To be completed by nominator

NAME OF NOMINEE					
Title (x)	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Mr.	<input type="checkbox"/> Dr.	Other: (specify)
Name (include credentials; first 5 will be used on official documents)					
Nominee is deceased? (x)	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Name of Nominator					
Signature of Nominator				Date:	

PART B. To be completed by nominee. (For a deceased nominee, the nominating individual must complete this section)

NOMINEE'S HOME ADDRESS			
Street/Apt			
Address line 2			
City: State: Zip	City:	State:	Zip:
Telephone (w/ area code)			
Fax Number (w/ area code)			
E-mail Address			
PRESENT EMPLOYER			
Nominee's Current Title/Position			
Employer's Name			
Street			
City: State: Zip	City:	State:	Zip:
Telephone (w/ area code)			
Fax Number (w/ area code)			
E-mail Address			
MEMBERSHIP INFORMATION			
I am/was a member of NNA/ANA	YES	<input type="checkbox"/> NO	Years of membership:
NNA Membership Number			
PROFESSIONAL INFORMATION			
Contribution was made before formal registered nursing training was available	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
I have been educated in, worked in, or represented Nebraska	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

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Page 2 of 3

EDUCATION (Begin with highest degree earned)			
DEGREE/DIPLOMA	AREA OF STUDY	YEAR	EDUCATIONAL INSTITUTION
1.			
2.			
3.			
4.			
5.			
6.			

Concise description of nominee's demonstrated leadership that affected the health and/or social history of Nebraska and/or United States through sustained, lifelong contributions in or to nursing practice, education, administration, research, economics, or literature.

Nominee's Name: _____

NEBRASKA NURSES ASSOCIATION
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Page 3 of 3

Concise description of nominee's achievements that must have enduring value to nursing beyond the nominee's lifetime.

****** Include three (3) letters of support describing how nominee meets criteria. Letters should be from professional colleagues with direct knowledge/personal experience of achievements/accomplishments.**

I hereby certify and agree to be considered a nominee for the Nebraska Nursing Hall of Fame Award and that the contents of this nominee packet are true and accurate to the best of my knowledge.

Nominee's/Designee's Signature _____ Date:

Nominee's Name: _____