

ANNUAL AWARDS

**INDIANA EMERGENCY NURSES ASSOCIATION
Annual Awards Nomination Form**

**DEADLINE: October 31st by midnight Eastern Standard Time.
Late submissions will not be accepted.**

AWARD NAME: _____

INDIVIDUAL AWARD DESCRIPTIONS AND REQUIREMENTS CAN BE FOUND IN THE INDIANA ENA ANNUAL AWARD HANDBOOK ON THE WEBSITE. ALL REQUIREMENTS MUST BE MET IN ORDER TO NOMINATE A CANDIDATE FOR AN INDIANA ENA ACHEIVEMENT AWARD.

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**Asterisk indicates a response is required*

***NOMINEE NAME**

***NOMINEE E-MAIL ADDRESS**

NOMINEE ENA # *(if known)*

**NOMINEE
ADDRESS,
CITY, STATE, ZIP CODE**

NOMINEE PREFERRED PHONE *(xxx-xxx-xxxx)*

***NOMINATOR (YOUR) NAME**

***NOMINATOR CREDENTIALS**

*NOMINATOR E-MAIL ADDRESS

NOMINATOR ENA # *(if known)*

*NOMINATOR
ADDRESS,
CITY, STATE, ZIP CODE

*NOMINATOR PREFERRED PHONE *(xxx-xxx-xxxx)*

NARRATIVE STATEMENT #1: Please read each bulletpoint listed below

Statements should not include any identifying information about the nominee - including name, place of work, city/state.

Narrative Statements #1 and #2 must be written by two different people.

Address each of the award criterion (found in the annual award handbook) separately in the boxes below.

Specific examples should be included as to how the nominee meets each of the FIVE criteria. Avoid general statements that are not relevant, such as "he/she is a nice person."

Narrative Statement #2 may be e-mailed to the nominator to be included in the nomination form submission OR may be submitted separately.

Each criterion response is limited to a maximum of 200 words; approximately 1300 characters.

***Narrative Statement #1 AUTHOR'S NAME:**

***Narrative Statement #1:**

CRITERION 1:

***Narrative Statement #1:**

CRITERION 2:

***Narrative Statement #1:**

CRITERION 3:

***Narrative Statement #1:**

CRITERION 4:

***Narrative Statement #1:**

CRITERION 5:

NARRATIVE STATEMENT #2 : Read each instruction point below

below)

Statements should not include any identifying information about the nominee - including name, place of work, city/state.

Narrative Statements #1 and #2 must be written by two different people.

Address each of the award criterion (found in the annual award handbook) separately in the boxes below.

**Specific examples should be included as to how the nominee meets each of the FIVE criteria. Avoid general statements that are not relevant, such as "he/she is a nice person."
Narrative**

Statement #2 may be e-mailed to the nominator to be included in the nomination form submission OR may be submitted separately.

Each criterion response is limited to a maximum of 200 words; approximately 1300 characters..

Narrative Statement #2 AUTHOR'S NAME:

Narrative Statement #2:

CRITERION 1:

Narrative Statement #2:

CRITERION 2:

Narrative Statement #2:

CRITERION 3:

Narrative Statement #2:

CRITERION 4:

Narrative Statement #2:

CRITERION 5:

**NOMINEE CV / RESUME
SUMMARY FORM**

**A full CV or resume will also be
accepted as a separate
document**

***REQUIRED**

EDUCATION (Limit to most recent three degrees)

YEAR OBTAINED

Degree Type

Name of School

City, State

YEAR OBTAINED

Degree Type

Name of School

City, State

YEAR OBTAINED

Degree Type

Name of School

City, State

EMPLOYMENT (Limit to most recent two positions)

TIME-FRAME

Name of Institution

Job Title

City, State

TIME-FRAME

Name of Institution

Job Title

City, State

LICENSURE (e.g., RN, NP, CNS, etc.)

YEARS VALID

Licensure Type

YEARS VALID

Licensure Type

YEARS VALID

Licensure Type

YEARS VALID

Licensure Type

YEARS VALID

Licensure Type

CERTIFICATION (e.g., CEN, CPEN, SANE, etc.)

YEARS VALID

Certification Type

YEARS VALID

Certification Type

YEARS VALID

Certification Type

YEARS VALID

Certification Type

YEARS VALID

Certification Type

FELLOWSHIP (e.g., FAEN, FAAN, FAANP, etc.)

YEAR INDUCTED

Fellowship Type

YEAR INDUCTED

Fellowship Type

YEAR INDUCTED

Fellowship Type

YEAR INDUCTED

Fellowship Type

YEAR INDUCTED

Fellowship Type

PROFESSIONAL MEMBERSHIP (e.g., ENA, Sigma Theta Tau, etc.)

YEARS VALID

Name of Organization

YEARS VALID

Name of Organization

YEARS VALID

Name of Organization

YEARS VALID

Name of Organization

YEARS VALID

Name of Organization

PUBLICATION (Limit to last five publications)

YEAR PUBLISHED

Name of Publication

Title of Article

YEAR PUBLISHED

Name of Publication

Title of Article

YEAR PUBLISHED

Name of Publication

Title of Article

YEAR PUBLISHED

Name of Publication

Title of Article

YEAR PUBLISHED

Name of Publication

Title of Article

PROFESSIONAL PRESENTATION (Limit to last three presentations)

YEAR PRESENTED

Topic

City, State

YEAR PRESENTED

Topic

City, State

YEAR PRESENTED

Topic

City, State

This is the END of the nomination form.