

## Florence Nightingale Memorial Award

### I nominate:

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<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Nurse's Credentials</i>
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*Nominee's Workplace & Work Address*

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*Nominee's Home and Work Phones*

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### My Information:

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<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>My Credentials</i>
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*Home Address, email and Daytime Phone Number*

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**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 compensated nursing capacity, and live anywhere in Southwest Missouri.
3. All fields on nomination form must be completed in order to be considered.
4. You must submit 2 digital recent pictures of the nominee for the recognition banquet.

### 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 on the nomination form
3. All nominees will receive a certificate. The top finalists will receive dinner and recognition at the banquet, and a plaque commemorating their achievement.

### Deadline

1. All nominations must be postmarked by April 15<sup>th</sup>, 2008.
2. Mail to: Pam Bryant, RN. c/o Health Department, 227 Chestnut Expressway, Springfield. 65802. Or email to: [pbryant@springfieldmo.gov](mailto:pbryant@springfieldmo.gov)
3. For additional questions, please contact **Billie Nelson, Chair, 417-767-2984 or email at [billienelson@yahoo.com](mailto:billienelson@yahoo.com)**