

# SDNA 2010 AWARDS NOMINATION FORM

NOMINATION FOR:

*(PLEASE CIRCLE ONE)*

DISTRICT NURSE OF THE YEAR AWARD

DISTINGUISHED SERVICE

JOY OF NURSING

NURSE EDUCATOR AWARD

NURSING PRACTICE

PIONEER IN NURSING

ROOKIE OF THE YEAR

## NOMINEE:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

## NOMINATOR:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

OTHER CONTACT INFORMATION: \_\_\_\_\_

Please submit complete nomination form to the SDNA Office, PO Box 1015, Pierre, SD 57501 by **July 31st**. Nominators must provide narrative statements describing the nominee's compliance with established criteria for the award as explicitly and concisely as possible.

The Awards Committee shall consider all nominations and inform the SDNA Board of Directors of the award recipients. Award recipients will be invited to attend the SDNA Convention for presentation of awards. If an award recipient cannot be present, the presentation will be made in absentia.