

**Guidelines for Nomination:
ANNUAL WOC/ET NURSE AWARD**

1. Type the nomination content and cover sheet without including the candidate's name or specific workplace information in the body of the nomination form. The body of the application is not to exceed three (3) pages.

2. The cover sheet is to include the following pertinent information:
Candidate's name
Candidate's place of employment with address and position noted
Candidate's education preparation
Certification / Credentials
Years of experience as WOC/ET Nurse

Submitted by: (please provide the following information)
Name, title, position
Agency/facility with the address
Relationship to candidate (co-worker, peer, etc.)

3. Body of the application is to have brief descriptions of nominee's qualifications for the award and provide **examples** for the categories. Additional comments from others may be included, but length of the application is not to exceed three (3) pages excluding the cover sheet.
 - A. Demonstrates excellence in the practice of WOC/ET Nursing.
 - B. Demonstrates and shares professional educational skills with peers and other health professionals.
 - C. Possesses personal and professional qualities that are respected by co-workers.
 - D. Participation in community projects, organizations.
 - E. Provide membership and participation in professional associations, WOCN, UOA, ANA, etc.
 - F. Additional comments or anecdotes.

4. Submit to:
Joanne Shirey, RN,MSN,CWOCN
Nanticoke Health Systems
801 Middleford Road
Seaford, DE 19973 or email to shireyj@nanticoke.org

NOMINATION OF OUTSTANDING ET NURSE AWARD

Name of Nominee:

Title:

Home Address:

Telephone #:

Employed as ET/WOC Nurse: Yes _____ No _____

Education Preparation:

Date of Certification (if known)

Recertification (if known)

1. Demonstrates excellence in the practice of ET/WOC Nursing:
2. Exemplifies high professional standards as evidenced by:
3. Provides service in the community:
4. Promotes pride in the WOCN and MAR WOCN:
5. Demonstrates interest and positive attitude to meet the needs of patients, families, visitors, significant others, industry, co-workers, physicians, and association:
6. List other achievements:

Your Name:

Address:

Phone #:

Is the nominee aware they have been nominated for this award?