

**Guidelines for Nomination:**  
**ANNUAL WOC/ET NURSE AWARD 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. Email to:

**Pat Hynes**

[Patricia.M.Hynes@medstar.net](mailto:Patricia.M.Hynes@medstar.net)

**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? Yes / No (Circle One)