

Palmetto Gold Nurse Recognition and Scholarship Program 2014 Professional Nursing Organizations Nomination Form

Nomination Criteria:

- Current unrestricted South Carolina RN license, or current unrestricted license in another state if employed in a federal facility.
- Actively practicing nursing in South Carolina.

Instructions: Please read and follow instructions carefully. If instructions are not followed, the nomination will not be considered.

- All information MUST be typed on this form and be contained to the space provided to be considered. **Use no less than a ten-point font (10pt).**
- Do not attach resume, curriculum vitae, or additional pages.
- Each category/criterion must be completed. **Incomplete applications will not be considered.**
- Consult with the nominee or others to assure that all demographic and descriptive information is accurately stated.
- The selection process is conducted using a blind review. Do not refer to the nominee by name, place of employment or other identifying information when responding to Criteria 1, 2, 3, and 4.
- The nomination form must not exceed the pages provided. Pages 1 and 2 request the nominee's demographic and biographic information and the nominator's and employer's name, address and phone number. Signatures and email addresses for both the nominator and the Chapter President of the Professional Nursing Organization MUST be provided.
- Page 3 addresses criteria 1 and 2. Page 4 addresses criteria 3 and 4. Please be sure that these print out correctly so that page 3 contains only criteria 1 and 2 and page 4 contains only criteria 3 and 4.
- **Pages cannot be altered, and must not exceed the space allowed.** Be succinct yet specifically describe how the nominee meets each of the criteria.
- **Use measurable outcomes** to describe how the nominee met the criterion. For ease of separation and distribution, please use a paperclip to attach pages and do not staple the pages together.

Mail the original and three (3) copies of the nomination form to:

South Carolina Nurses Foundation
Palmetto Gold Selection Committee
1821 Gadsden Street
Columbia, SC 29201

All nominations must be postmarked by **Monday, November 4, 2013** to be considered. No e-mail or fax applications will be accepted.

Self-nominations are not accepted. Members of the Palmetto Gold Steering Committee, Nominations, and Selection committee and Reviewers are ineligible for nomination.

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The above guidelines will be strictly adhered to in order to assure fairness to all.

All information must be typed on this form.

Nominee's Name: _____

Phone: (H)_____ (W)_____ Email: _____

Nominee's home address:

Street: _____

City:_____ County:_____ Zip Code: _____

Name of Professional Nursing Organization:_____ Position Held:_____

Nominee's Employer:_____ Position Held: _____

Organization's Address:

Contact Phone Number: _____

RN License Number:_____ State:_____ Expiration Date: _____

Please indicate the primary practice area of the nominee:

a) Clinical (Staff Nurse): Acute Care Hospital-Based Long-Term Care
 Community

b) Clinical (Advanced Practice): Nurse Practitioner Clinical Nurse Specialist

c) Nurse Leader/Management d) Nurse Educator

e) Professional Nursing Organization

Nominee's Academic Preparation (check all that apply):

ADN BSN Diploma Masters Doctorate Other _____

Nominee's area of certification, if applicable: _____

Years of Experience as a Registered Nurse:_____years.

Nominator's Name: _____

Job Title: _____

Phone: (H)_____ (W)_____ (Other) _____

E-mail address: _____

Nominator's Business Address: _____

Nominator's signature: _____

Chapter President: (print) _____

Chapter President's Signature: _____

E-mail address: _____

(Note: Two different signatures are required.)

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Information provided on pages 1 and 2 will not be used for scoring the nomination, but may be used in the event a tie must be broken. Please remember that the raters will NOT see this information. If you want the raters to be aware of this information, work it into your write up for questions 1-4. Also, raters will only see questions 1 and 2 OR 3 and 4. If you want information to be known to all raters, include the information on page 3 and 4 if applicable in context of one of the questions on each page.

Please remember that the raters will not see this information.

Describe the Nominee's:

A) Professional nursing involvement over the past 5 years (memberships in professional organizations, committees, offices held, etc.)
B) Work-related activities
C) Civic and/or community activities during the last 5 years
D) Honors and Awards received in the last 5 years

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Please indicate the primary practice area of the nominee:

- a) Clinical (Staff Nurse): Acute Care Hospital-Based Long-Term Care
 Community
- b) Clinical (Advanced Practice): Nurse Practitioner Clinical Nurse Specialist
- c) Nurse Leader/Management d) Nurse Educator
- e) Professional Nursing Organization

To ensure a blind review, **do not use the name of the nominee, place of employment, professional nursing organization or identifying information in the descriptions.** Do not use less than a ten-point font size (10 pt.). Give specific and measurable examples for each question.

Describe how the nominee:

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|---|
| <p>1. Promotes and advances the profession of nursing in a positive way in the practice setting. Explain how in the practice setting the nurse advanced the profession of nursing by providing quantifiable data on the impact their practice has made on the profession.</p> |
| <p>2. Demonstrates exceptional caring and commitment to patients, families, student nurses, and colleagues. Provide examples of how the nurse’s behavior goes above and beyond the call of duty to demonstrate caring and commitment.</p> |

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Please indicate the primary practice area of the nominee:

- | | | |
|---|------------------------------------|---------------------------|
| a) Clinical (Staff Nurse): | Acute Care Hospital-Based | Long-Term Care |
| | Community | |
| b) Clinical (Advanced Practice): | Nurse Practitioner | Clinical Nurse Specialist |
| c) Nurse Leader/Management | d) Nurse Educator | |
| e) Professional Nursing Organization | | |

(Do not include identifying information or exceed the space in the boxes.)

Describe how the nominee:

<p>3. Demonstrates leadership and assists others to grow and develop. Provide examples in how the nurse is mentoring, teaching, and role-modeling professional practice to colleagues and encouraging their growth and development.</p>

<p>4. Promotes and advances the profession of nursing. Describe how the nurse is being visible in promotion of the nursing profession by serving in community, volunteer or professional association organizations that are not connected to job influence or accomplishments.</p>
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