

**Palmetto Gold Nurse Recognition and Scholarship Program
2020 Nomination Form**

Nomination Criteria:

1. Current unrestricted South Carolina RN License (including NP's and CRNA)
2. Current unrestricted license in another state if employed in a federal capacity
3. Actively practicing nursing in South Carolina.

Ineligible:

1. Previous Palmetto Gold recipients
2. Self nominations.
3. Members of the Palmetto Gold Steering Committee and Reviewers

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

1. All information **MUST** be provided on this electronic form and be contained in the space provided to be considered.
2. Each category/criterion must be completed. Incomplete applications will not be considered.
3. Consult with the nominee or others to assure that all demographic and descriptive information is accurately stated.
4. The nomination criteria will be scored using a blind review by at least 2 individuals.
5. Signatures and email address for the Senior Level Administrator of the organization **MUST** be provided.
6. Use measurable outcomes to describe how the nominee met the criterion.
7. Create an account that will allow the person entering the nomination to save the information they have entered and, if necessary, return later to complete the form. Only one account per agency/facility should be created. **PLEASE** write down your account User name and password for future reference.

All nominations must be submitted by 5:00 pm on Friday, November 29, 2019 to be considered.

Please contact Nadine Brooks with questions at nbrooks@columbiasc.edu.

Section 1: Nominee's Information

Nominee's First Name: _____ Last Name: _____ M.I. _____

Nominee's Credentials: _____

(highest earned degree, licensure, state designations or requirements, national certification (ex: DNP, RN, APRN, FNP-BC))

Phone (preferred) _____ Email (preferred): _____

Nominee's home street address: _____

City: _____ State: _____ Zip Code: _____

Gender: M or F

RN License Number: _____ State: _____

Nominee's Position in the Organization: _____

Select Most Applicable to the Nominee's Primary Area of Practice:

- Acute care
- Long-term Care
- Out-Patient
- Community
- Education
- Administration

Years of Experience as a Registered Nurse: _____

Section 2: Nominee's Employer Information

Nominee's Employer: _____

Employer's Street Address: _____

City: _____ State: _____ Zip Code: _____

Employer's Contact Phone Number _____

Section 3: Nominator's Information

Nominator's Name: _____

Job Title: _____

Nominator's phone (preferred) _____

Nominator's email address: _____

CNO/ Senior Level Administrator (Please Type): _____

CNO/ Senior Level Administrator's Signature: _____

Email Address: _____

Section 4: Explanation of Nominee's Contributions in Primary Practice Area

Select most applicable to the nominee's primary area of practice

_____ **Acute Care**

_____ **Long-term Care**

_____ **Outpatient**

_____ **Community**

_____ **Educator**

_____ **Administration**

Do not use the name of the nominee, place of employment or identifying information in the descriptions.

- 1) Describe how the nominee has advanced the profession of nursing in the practice setting or the community (provide specific, quantifiable responses & data): (2,000 character limit)
- 2) Describe how the nominee serves as a leader in their practice setting and/or professional organizations (list offices held & leadership roles) (2,000 character limit)
- 3) Describe how the nominee goes above and beyond to demonstrate commitment to growing the profession of nursing (give examples of mentoring, teaching and role-modeling professional practice to colleagues or students): (2,000 character limit)
- 4) Describe how the nominee is being visible in promotion of the nursing profession by serving in the community (participating, leading, organizing or volunteering) (2,000 character limit)