EXCELLENCE IN NURSING RECOGNITION
MAY 2009 AWARD ENTRY FORM

CATEGORY (check one only)

☐ Nursing Education
☐ Nursing Leadership
☐ Outstanding Student Performance

Name of Nominee:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone--Day: ( )_____ Night: ( )_____

Sigma Theta Tau Member: Yes ☐ Chapter:_____
No ☐

CURRICULUM VITAE OUTLINE
Education:_____

_____

_____.

Certifications:_____

_____

_____.

Achievements/Honors:_____

_____

_____.

Professional Memberships:_____

_____

_____.

Unique Contributions that qualify the Nominee for this award:_____

_____

_____.

Nomination Submitted By:
Name:_____
Address:_____
_____
Phone:_____

Send Entry To:
Robin Lawson
USA Springhill
College of Nursing
Mobile, AL 36688
or rlawson@usouthal.edu

Are Supporting Letters Attached? Yes ☐ No ☐

Nomination Due: April 15, 2009