EXCELLENCE IN NURSING RECOGNITION
DECEMBER AWARD ENTRY FORM

CATEGORY (check one only)

☐ Nursing Research
☐ Nursing Practice
☐ Nursing Mentorship
☐ Outstanding Student Performance

Name of Nominee:_____

Address:_____

City:_____ State:_____ Zip:_____

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

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

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 College of Nursing
307 North University Blvd.
HAHN Room 4058
Mobile, AL 36688
or rlawson@usouthal.edu

Are Supporting Letters Attached? Yes ☐ No ☐ Nomination Due: November 15