School Nurse of the Year Recognition Award

General Instructions
The School Nurse Recognition Award is presented annually to publicly recognize and honor a practicing registered nurse for outstanding contributions in the nursing specialty of school nursing. This honor is bestowed upon an individual who is selected according to the following criteria. Please complete BOTH Part A and Part B.

MSNO School Nurse of the Year Award Application

Selection Criteria:
- a. Expertise in school nursing practice.
- b. Effective management of school health program through priority setting, decision-making and work organization.
- c. Creative use of resources, both human and material, to improve school health program.
- d. Excellence in health teaching.
- e. Role in nursing research.
- f. Leadership and/or participation in professional organizations.

Eligibility Criteria:
- a. MSNO member for at least two years.
- b. NASN member for at least two years.
- c. Currently employed as a school nurse.

The following application (Parts A and B) is to be completed by the nominee, a colleague or supervisor. Please omit reference to the nominee's name or place of employment in the text. Kindly cite each number/letter below with the appropriate response.

Maximum: three pages.
Please note: Application must be typed.
Please print and forward the completed application to Janis Townsend at the address listed below:
Send application to:
Janis Townsend (MSNO awards committee chairperson)
31 Harwood Road
Natick, Massachusetts 01760

Application Deadline:
Please feel free to contact Janis Townsend (MSNO awards committee chairperson) at townsend@msno.org
PART A

Name and title of person completing the nomination form:
_______________________________________________________

Nominee's Name: __________________________________________
Home Address: _____________________________________________
Phone (area code): ____________________________
Town: __________________ Zip Code: ________________
School Address: __________________________________________
Town: __________________ Zip Code: ________________
School Phone: ______________________
Name of Supervisor: ________________________
Name of Principal: _________________________

Briefly list the nominee's educational preparation for nursing. Include reference to school(s) attended and any formal education/certification programs completed.

PART B

The following part of the application is to be completed by the nominee, a colleague, or supervisor. Please omit reference to the nominee’s name or place of employment in the text.

Selection Criteria:
1. Describe an activity in which the nominee has actively participated within the past 2 years and that had an impact on school nursing; i.e. preceptor, mentor, community activity related to school nursing, professional organization.
2. Cite and describe an example of how the nominee's professional behavior has influenced the image of school nursing:
   a. Expertise in school nursing practice.
   b. Effective management of school health program through priority setting, decision-making and work organization.
   c. Creative use of resources, both human and material, to improve school health program.
   d. Excellence in health teaching.
   e. Role in nursing research.
   f. Leadership and/or participation in professional organizations.