

SDNA 2017 AWARDS NOMINATION FORM

NOMINATION FOR:

(PLEASE CIRCLE ONE)

DISTRICT NURSE OF THE YEAR AWARD

ROOKIE OF THE YEAR AWARD

DISTINGUISHED SERVICE AWARD

NURSING PRACTICE AWARD

JOY OF NURSING AWARD

PIONEER IN NURSING AWARD

SDNA HALL OF FAME AWARD

THE NURSE EDUCATOR AWARD

NOMINEE:

NAME: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____ EMPLOYER: _____

EMPLOYER ADDRESS: _____

NOMINATOR:

NAME: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____ EMPLOYER: _____

OTHER CONTACT INFORMATION: _____

Please submit complete nomination form to **SDNA, 1005 South Phillips #2, Sioux Falls, SD 57105** by **August 1, 2017**. Nominators must provide narrative statements describing the nominee's compliance with established criteria for the award as explicitly and concisely as possible.

The Awards Committee shall consider all nominations and inform the SDNA Board of Directors of the award recipients. Award recipients will be invited to attend the SDNA Convention for presentation of awards. If an award recipient cannot be present, the presentation will be made in absentia.