



FONE NURSE EXCELLENCE AWARDS 2019 NOMINATION FORM

Please indicate which award you are nominating this person for by checking a box below.

- Excellence in Clinical Practice Award
- Excellence in Nursing Leadership Award
- Excellence in Nursing Research Award
- Excellence in Nursing Education Award
- Excellence in Preceptor/Mentor Award

ABOUT THE NOMINEE

Name: _____

Title/Facility: _____ Degree: _____

Address: _____ City: _____ State/Zip: _____

Phone: _____ Email: _____

The nominee is an active member in good standing of the Florida Organization of Nurse Executives (FONE). (NA for Clinical Award & Preceptor/Mentor Award)

ABOUT THE NOMINATOR

Name: _____ Title: _____

Phone: _____ Email: _____

CRITERIA

The nominee has demonstrated outstanding leadership in the area appropriate to the award. Please see criteria for each award and provide specific examples.

1. Developing innovative approaches that contribute to the improvement of the quality of nursing care/ practice/leadership/research/education/preceptor/mentor:

2. Promoting the specialty on nursing in which she/he practices (clinical, leadership, research, education, preceptor/mentor) for the last two years:

3. Demonstrating leadership skills:

4. Demonstrating the ability to facilitate change:

5. Utilizing and or conducting research and evidence-based practice for the improvement of outcomes in patient care, nursing practice, research, nursing education, preceptor/mentor:

6. Serving as a mentor for other nurses by creating a professional practice environment that promotes professional development and learning:

7. Maintaining excellent professional interpersonal relationships:

8. Making contributions to the community:

Leadership Award Required

Note: Optional for Clinical, Research, Education and Preceptor/Mentor Awards

9. Demonstrating outstanding public relation skills and promoting the image of nursing:

10. Sharing knowledge within and outside the institution through presentations, formal course offerings, publications, etc.:

11. Supports and contributes to professional organizations (e.g. involvement in AONE, FONE, regional FONE organizations, other Professional Nursing Organizations). Member of ANPD and FONE:

12. Why do you believe this person should win this award?

Signature: _____ Date: _____
(TYPED NAME)

Form must be received no later than July 27, 2019 by email to info@foneorg.com

407.992.2307 | info@foneorg.com | www.foneorg.com

All nominees will be notified of their nomination and will receive a nomination packet for completion.