**CAPN Nursing Excellence Awards - Nomination Form**

**Please fill out this form and complete narrative.** Deadline for submission:  **March 14th**

The Tallahassee Council of Advance Practice Nurses (CAPN) is a nonprofit, non-partisan organization dedicated to promoting and protecting the health of Florida’s residents. The Nurse of Excellence Nomination period is now open – accepting nominations through March 14. Online voting will take place after the nominations close. Please consider nominating a deserving colleague. Nominations will require a 100-word essay outlining how the nominee exhibits excellence in the practice of Advanced Nursing. Please see the CAPN Nurse of Excellence policy posted on the website for further information.

**Information about Nominee**

Nominee Name: LAST                                          FIRST:                                                   MI

Degrees/Credentials:   

Mailing Address           

Daytime Phone **Email**    

Professional Affiliations:

**HOW THE NOMINEE EXHIBITS EXCELLENCE IN THE PRACTICE OF ADVANCED NURSING: 100-WORD NARRATIVE**

**I attest that all information provided is accurate and true to the best of my knowledge.**

Signature of *Nominator*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If form sent electronically by nominator, signature assumed)

Rev. 2/2019