**Maine Association of School Nurses**

**SCHOOL NURSE OF THE YEAR 20\_\_**

**NOMINATION FORM**

INSTRUCTIONS: **Complete nomination packet to include nomination form, reference letters (3-5), with at least one from administration, curriculum vitae, and written report addressing the six content areas. Submit original and 3 copies by June 1 to: SNOY Coordinator, Deb Braxton. Contact her at** [**dbraxton@capeelizabethschools.org**](mailto:dbraxton@capeelizabethschools.org) **for mailing instructions.**

Name and Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade Levels served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Years in present position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of students served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Number of Years in School Nursing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered Nurse Yes \_\_\_\_\_ No \_\_\_\_\_\_

Active member of MASN/NASN (Required) Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

Nomination submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL NURSE OF THE YEAR**

**Content Areas**

**Please explain how this candidate demonstrates a leadership role in the following content**

**areas: (minimum 3 pages; maximum 5 pages-total)**

**PROVIDER OF CARE: (**Examples may reflect clinical knowledge and skills; nursing process; provider of

client confidentiality and respect; provider of client advocacy; communication skills - written, verbal and

nonverbal)

**PROGRAM MANAGEMENT: (**Examples may reflect development of school and/or community projects;

planning and assessment of school services; development and implementation of national, state and

district policies; collaborator in student care; involvement in the development and implementation of

Individualized Health Plans (IHP’s), Individualized Education Plans (IEP’s) and 504 plans)

**HEALTH EDUCATION: (**Examples may reflect provider of continuing education to the school community;

participation in curriculum development; staff wellness; counseling; teaching; and resource facilitator)

**PROFESSIONAL DEVELOPMENT: (**Examples may reflect participation in continuing education

opportunities; membership in and/or service to local, state or national professional organizations such

as NationalAssociation of School Nurses’ (NASN/MASN), American Federation of Teachers (AFT),

National Education Association (NEA), American Association of Nurses (ANA)

**COMMUNITY INVOLVEMENT: (**Examples may reflect development of school and/or community

projects; involvement in political or legislative efforts)

**RESEARCH:** (Examples may reflect contributions to school nurse literature or professional publications;

participation in or utilization of nursing research in daily practice)