To be completed by the person making the nomination and mailed with required submission materials.

**Eligibility Requirements for Certificant of the Year recipients:**

* Current HPNA membership at time of nomination
* Valid NBCHPN® certification for year in which award is to be presented

**Please submit this sheet with the following materials:**

* Document written by the nominator describing how the nominee meets the criteria with further elaboration on their qualifications for this award. (e.g., relevant employment, involvement in special initiatives related to hospice/palliative care). Maximum length is two (2) pages 8 x 11.
* Two (2) letters of support from others in the field who can provide validation of nominee contribution to end-of-life care.
* Current curriculum vitae / resume

Nomination for:  Advanced Practice Certified Hospice and Palliative Nurse (ACHPN®)

Certified Hospice and Palliative Nurse (CHPN®)

Certified Hospice and Palliative Pediatric Nurse (CHPPN®)

Certified Hospice and Palliative Licensed Practical/Vocational Nurse (CHPLN®)

Certified Hospice and Palliative Nursing Assistant (CHPNA®)

Certified Hospice and Palliative Care Administrator (CHPCA®)

Certified Perinatal Loss Care professional (CPLC®)

Name of nominee and credentials: Click here to enter text.

Address: Click here to enter text.

Phone: (home) Click here to enter text. (work): Click here to enter text.

Email address: Click here to enter text.

Current HPNA Membership Number **(REQUIRED)**: Click here to enter text.

Current NBCHPN® Certification Number **(REQUIRED)**: Click here to enter text.

Credential: Click here to enter text. Date Certification Received: Click here to enter text.

Person submitting nomination: Click here to enter text.

Address: Click here to enter text.

Phone: (home) Click here to enter text. (work): Click here to enter text.

Email address: Click here to enter text.

Relationship to person being nominated: Click here to enter text.

My signature verifies that the nominee is aware of this nomination.

Signature: Click here to enter text. Date: Click here to enter text.

(Completion of signature field above acts as electronic signature)

Required materials must be **RECEIVED** by **June 1 of given year** via email, fax, or postal mail.

Send completed materials to [nbchpn@nbchpn.org](mailto:nbchpn@nbchpn.org), or 412-787-9305 (fax), or mail to address below:

NBCHPN® c/o Awards Selection Committee

One Penn Center West, Suite 425

Pittsburgh, PA 15276