**BATON ROUGE DISTRICT NURSES ASSOCIATION**

**P O BOX 15452**

**BATON ROUGE, LA 70895-5452**

THE HELEN JOHNSON CREMEENS EXCELLENCE IN TEACHING AWARD

**APPLICATION FORM**

**COMPLETED APPLICATION FORMS MUST BE SUBMITTED BY COB March 31, 2025.**

# GUIDELINES

* **Any Nurse Educator teaching full-time in a practical, technical, baccalaureate, masters, or doctoral nursing program located in the designated parishes of the Baton Rouge District Nurses Association is eligible to apply.**
* **Educators who are previous Helen Johnson Cremeens Excellence in Teaching Award recipients AND current BRDNA Board members are not eligible to apply.**
* **No more than two (2) applications per institution per year.**
* **Selection of Honoree shall be unrestricted by consideration of age, race, creed, disability, gender, health status, lifestyle, nationality, religion, or sexual orientation.**
* **The selected Honoree should meet each criterion to receive the award.**
* **Should the Selection Committee find no applicant eligible for the award based on the stated criteria, no award will be given for that year.**

# INSTRUCTIONS

* **The person nominating the nurse educator must complete the Nomination Form.**
* **The Nominee must complete the Nomination Acceptance form**

**BATON ROUGE DISTRICT NURSE’S ASSOCIATION**

**P O BOX 15452**

**BATON ROUGE, LA 70895-5452**

**THE HELEN JOHNSON CREMEENS EXCELLENCE IN TEACHING AWARD**

**NOMINATION FORM**

**THE FOLLOWING IS TO BE COMPLETED BY THE PERSON NOMINATING THE**

**NURSE EDUCATOR.** **COMPLETED NOMINATION FORMS MUST BE SUBMITTED BY COB March 31, 2025.**

**This form has been formatted in MS Word so that it can be completed on your computer. Enter your information directly onto this form. After completing the form, print and mail to BRDNA at the address above.**

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| **Name of Person Nominating Nurse Educator:**  |
| **Name of Nurse Educator Nominated:**  |
| **Provide your reasons for nominating this Nurse Educator for this award.**  |

## NOMINATION ACCEPTANCE/SIGNATURE

**THIS SECTION IS TO BE COMPLETED BY THE NOMINEE**

**I accept the nomination for the Helen Johnson Cremeens Excellence in Teaching Award and will complete the remaining sections of this form and the application form.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature/Date**

**NOMINEE INFORMATION (TO BE COMPLETED BY THE NOMINEE)**

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| **Name:**  |
| **Address, City, State, Zip Code:**  |
| **Home Telephone:**  | **Work or Cellular Phone:**  |
| **Email:**  | **Education Credentials:**  |
| **Current Place of Employment and Address:**  | **Number of Years as a Practicing Nurse:**  |
| **Number of Years in Present Position:**  |
| **Overview of Current Position Description:**  |
| **Name Courses Currently Teaching:**  |
| **List past two (2) years of Continuing Education completed:**  |

**REQUIRED CRITERIA**

**This form has been formatted in MS Word so that it can be completed on your computer. Enter your information directly onto this form. After completing the form, print and mail to BRDNA at P. O. Box 15452, Baton Rouge, LA 70895-5452.**

**Provide a minimum of one (1) letter of support from each of the following:** Students AND Colleagues. The letters of support should address the award criteria.

**Provide a narrative statement of your vision for nursing and nursing education.**

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## CRITERIA FOR Helen Johnson Cremeens Excellence in Teaching Award

Respond to each criterion. Cite specific ways you believe you have met the criteria; your response to each criterion should begin with the most recent years.

## CRITERIA 1

**Utilizes innovative, evidence-based teaching strategies in the classroom or clinical setting that promote critical thinking skills and positive learning outcomes:**

## CRITERIA 2

**Models personal attributes that are integral to nursing practice and facilitate student learning and growth (i.e., caring, compassion, integrity, and respect):**

## CRITERIA 3

**Demonstrates a commitment to life-long learning and professional development as a nurse educator, while providing nursing students with a foundation for lifelong learning pursuits:**

**CRITERIA 4**

**Serves in roles to advance nursing education and professional nursing practice in Louisiana:**

## CRITERIA 5

**Maintains membership and active involvement in professional organizations.**

**Selected Applicants will be notified by the**

**Committee Chairperson by April 14, 2025.**

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|  | **Application Checklist & Instructions for Submission**  |
|     | * **After completing and printing this form, mail it to:**

**Baton Rouge District Nurses Association** **P O Box 15452** **Baton Rouge, LA 70895-5452**  |
|   | * **Please be sure to:**
* **Read through your application form to be sure that you have completed all sections according to the instructions and guidelines.**

* **You must address each criterion.**

* **Provide a narrative statement of your vision for nursing and nursing education.**

* **Provide letters of support (one or more) from students and colleagues that address the award criteria.**
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|    |  **Your application form must be submitted by COB March 31, 2025.** |