



Kentucky Organization of Nurse Leaders Awards Nomination Form

Date: _____

Nomination #: (internal use) _____

About the Nominator

Nominator's Name: _____

Nominator's Organization: _____

Nominator's Position: _____

Current KONL Member: (Circle) Yes No

Nominator's Email: _____

Nominator's Phone #: _____

Awards Selection

Please select which award you are submitting a nomination:

- ☐ Emerging Nurse Leader
- ☐ Lifetime Achievement
- ☐ Innovation Leader of the Year

Important note: The KONL/ DAISY Nurse Leader of the Year Award is submitted electronically by following the link below.

<http://daisynomination.org/KONL>

About the Nominee

Nominee Name: _____

Nominee's Organization: _____

Nominator's Position: _____

Relevant Credentials: _____

Nominee's Email: _____

Nominee's Phone #: _____

Instructions for Submission

Please follow the instructions to ensure successful submission:

- 1) Complete the KONL Award Nomination Form
- 2) Ensure all required documents are sent electronically to amber.cross@deaconess.com

If you have questions regarding the awards or submission process, please, contact Amber Cross, Scholarship and Award Chair, at the following: Phone: 270-389-5075 or Email: amber.cross@deaconess.com