**Patsy Whitner Award**



**PURPOSE**

This award was established in 1981 in memory of Patsy Whitner. Patsy was an extremely active

member of the SePA Chapter and served as president from 1978-1979. As a chapter leader,

Patsy was committed to professional development through continuing education. In particular,

she supported the AACN’s NTI and attended the conference regularly. Award funds may be utilized towards expenses such as registration fees, travel, hotel, etc. related to professional development through continuing education. The recipient is strongly encouraged to use this scholarship to attend the NTI conference, though other continuing education programs relevant to critical care nursing may be permitted.

**CRITERIA**

Candidates are SePA Chapter members who have been extremely active in the chapter for at least two years. During this time, candidates must have demonstrated strong leadership and collaborative skills, served as a role model for other members, and have made a significant contribution to the mission of the chapter.

**AWARD**

Certificate and $1000 monetary honorarium

**CANDIDATE ELIGIBILITY**

* Active RN license
* Current AACN and SePA memberships (for at least two years prior to application submission)
* Must be nominated by a member of the SePA Board of Directors or a SePA Committee member
* May only receive this award once per lifetime
* Submit completed application packet: **NOMINATION FORM (PART 1)**

**ENDORSEMENT ESSAY (PART 2)**

**TO NOMINATE**

Obtain application instructions and materials from the Nursing Network website under the Engagement Committee tab and email all completed documents to [sepaawards@sepa-aacn.org](mailto:sepaawards@sepa-aacn.org). Applications must be received by midnight on **March 1st**. All eligible nomination forms will be reviewed by the SePA President and President-Elect for final selection and the winner will be announced at the Research Dinner Program held in April.

**IMPORTANT!**

**Income from scholarships/awards are taxable and must be reported to the IRS -**

**A W9 Form will be provided by the Treasurer**

**NOMINATION FORM (PART 1)**

Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Candidate Information**

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

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

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer and Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RN License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AACN Membership #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of years as AACN Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

SePA Membership #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of years as SePA Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nominator Information**

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

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

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer and Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RN License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AACN Membership #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of years as AACN Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

SePA Membership #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of years as SePA Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ENDORSEMENT ESSAY (PART 2)**

Please write a short essay (between 250-350 words) regarding why you, as the nominator, feel that the candidate should be selected for the Patsy Whitner Award. Please refer to the purpose and criteria listed on the previous page for the qualities and characteristics the candidate should possess. Be specific in your essay and provide examples. Email [sepaawards@sepa-aacn.org](mailto:sepaawards@sepa-aacn.org) to submit or if you have any questions.