



PeriAnesthesia Nurse of the Year Award Nomination Form

This form must be completed and returned with all requested material to the NCAPAN Director of Public Affairs by **August 1**.

Nominee's Information

Name/Credentials: _____

Address: _____

Phone: _____ **Email:** _____

Job Title: _____ **Employer:** _____

How long have you known and/or worked with this nurse?

What about this nurse's professional presence makes them worthy of this nomination?

How does this nurse demonstrate excellence in PeriAnesthesia nursing with patient, with family, with staff, or interdisciplinary teams?

How does this nurse contribute to the community at large?

Nominator's Information

Name/Credentials: _____

Address: _____

Phone: _____ **Email:** _____

Job Title:_____ **Employer:**_____

Requirements for nomination:

_____ **Candidate must be a Registered Nurse in North Carolina, actively employed in the practice, management, or teaching of PeriAnesthesia nursing**

_____ **NCAPAN member for a minimum of one (1) year**

_____ **Nomination form must be submitted**

Submit completed application to: Director of Public Relations, Jennifer Carlson BSN, RN, CAPA , CNIII at jennifer.carlson@duke.edu