

**Wyoming School Nurse of the Year Nomination Form**

Candidate’s Name: Click here to enter text.

Home Address: Click here to enter text.

City, State, ZIP: Click here to enter text.

Telephone : (Home) Click here to enter text. (Cell) Click here to enter text. (Work) Click here to enter text.

Employer’s Name: Click here to enter text.

Employer’s Address: Click here to enter text.

Employer’s telephone number: Click here to enter text.

Candidate’s Current Position: Click here to enter text.

Number of years in current position: Click here to enter text.

Number of years in school nursing (must have 5 years of experience as a school nurse): Click here to enter text.

Grade levels currently serving: Click here to enter text.

Number of students currently serving: Click here to enter text.

**Qualifications:**

More than 50% of the applicant’s time is in direct student care Yes [ ]  No [ ]

Is working a fulltime position? Yes [ ]  No [ ]

WY RN License #: Click here to enter text.

Member of WSNA for at least 2 years Yes [ ]  No [ ]

NASN membership #: Click here to enter text.

Nomination submitted by: Click here to enter text.

Nominator’s home address including city, state and zip code: Click here to enter text.

**Please submit one copy of completed required forms and letter (see Guidelines) describing how this candidate demonstrates exemplary achievements in school nursing addressing the *Criteria for Selection* based on the NASN Scope and Standards of Practice (2011).**

**Questions Contact:** WSNA President, Michelle Cordova

**Electronic Submission to:** **cordovm@swcsd2.org**

**U.S. Mail Nomination to:** 1735 Massachusetts

 Green River, WY 82935