

**NNP Excellence Award  
NOMINATION APPLICATION**

**Purpose:**

- ◆ To recognize a neonatal nurse practitioner who advances the mission and vision of NANNP through exemplary practice, leadership, service, and education.

**Requirements: A nominee must be...**

- ◆ a NANNP member
- ◆ an actively practicing neonatal nurse practitioner

**Selection Criteria: A nominee should demonstrate...**

- ◆ excellence in the practice and art of advanced neonatal nursing.
- ◆ development and support of neonatal nurses and NNPs through role-modeling, education and mentorship.
- ◆ passion and commitment to advancing neonatal nursing practice reflected through leadership contributions made at a local, state, or national level.
- ◆ creativity in managing and negotiating the complexity of advanced neonatal nursing practice.

**Deadline:**

- ◆ The application deadline is **June 1, 2010**.

**Application Instructions:**

Complete and submit this application form. This form should be accompanied by:

- ◆ two (2) letters of recommendation, one of which should be from the nominator. The letters should clearly address and provide validating examples for each of the above-mentioned selection criteria.
- ◆ one copy of the nominee's CV

**NOTE: This is a blinded application process.** The letters of recommendation should not include any identifying information (name, email address, etc.) in order to ensure impartiality by the reviewers. The letters may either contain blanks instead of the name, or can say "the candidate" or a similar substitute. Do not cross out names with a marker.

Send award material to:

**NANNP**  
NNP Excellence Award  
4700 W Lake Ave  
Glenview, IL 60025  
ATTN: Dionne Wilson  
Fax: 866/927-5320  
dwilson@@connect2amc.com

**Nominator Information:**

Name \_\_\_\_\_  
 Credentials \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Nominating Agency \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Signature \_\_\_\_\_

**NNP Director/Coordinator Information:**

Name \_\_\_\_\_  
 Credentials \_\_\_\_\_  
 Job Title \_\_\_\_\_  
*I verify that the individual named below meets the specified criteria for the NNP Excellence Award and support the nomination.*  
 Signature \_\_\_\_\_

**Nominee Information:**

Name \_\_\_\_\_  
 Credentials \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Unit \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 Signature \_\_\_\_\_