

PHILIPPINE NURSES ASSOCIATION OF NEW JERSEY

C. A. R. E. AWARDS PROGRAM

I. PURPOSE: To recognize outstanding nurses for professional excellence, significant contributions to the profession in the various fields of specialty, and sustained involvement with PNANJ and/or subchapters

II. POLICY:

A. Excellence Achievement Awards will be given out to selected awardees **every year** during the PNANJ GALA & AWARDS NIGHT (September/ October) under the following categories:

1. Clinical Nursing
2. Nursing Administration
3. Advance Practice Nurse
4. Nursing Research
5. Nursing Education
6. Entrepreneurship
7. Community Service

III GENERAL INSTRUCTIONS:

1. Applicant must meet the specific award criteria to be considered. Provide a letter of application addressing the criteria for that specific award.
2. Submit bio-data/curriculum vitae and a 2 x 2 size photo with your name and signature on the back.
3. Furnish proper documentation. All information provided is confidential and will not be returned.
4. Fax copies are NOT acceptable. Submit typed copy only
5. Provide five (5) copies of completed application and required documents.
6. Deadline: Application MUST be postmarked by August 2, 2010.

**PHILIPPINE NURSES ASSOCIATION
OF NEW JERSEY
NOMINATION FORM FOR AWARDS**

1. Nominee _____
Address _____
Telephone Number (Home) (____) _____ (Work) (____) _____
Cell Phone: (____) _____ FAX: (____) _____ E-mail: _____
PNANJ Subchapter : _____ # of years as a member: _____
Position/Occupation _____
Employer _____
Business Address _____

2. Type of award the nominee should be considered. Check one.
_____ Clinical _____ Education
_____ Administration _____ Community Service
_____ Research _____ Entrepreneur
_____ Advance Practice Nurse

3. Justification:

In more specific terms, please indicate on the space provided why you think your nominee deserves the award. Indicate only the significant achievements or outstanding contributions (**no more than 350 words**) of the nominee in the particular award category, and sustained involvement with PNANJ and/or sub- chapter.

The applicant must check selection in the scoring tool as it applies and attach evidence (CV not considered). To be considered as potential awardee, the applicant must have equal or greater than (>) 90%. Submit bio-data/curriculum vitae and a 2 x 2 size photo.

4. Attestation: I attest to all facts contained in this form and give permission for said facts to be verified and/or used for publication.

Signature of Nominee

Date

5. Nomination:

I wish to nominate the person mentioned above for the award as indicated.

Signature of Nominator

Date

Nominator's Address _____

Telephone (H) (____) _____ (W) (____) _____ Cell Phone: (____)

_____ FAX: (____) _____ E-mail: _____

Deadline of Submission: August 2, 2010. Please send completed form to:

Majuvy Sulse MSN, RN, CCRN
Awards Committee Chairperson
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majuv77@hotmail.com
Phone: 908-851-9885

