

*Deadline for submission is Sept. 30, 2020*

## **Now is your chance to honor a special nurse!**

In celebration of the International Year of the Nurse and Midwife, the University of Tennessee Health Science Center College of Nursing along with Nurse leaders from across our community will honor nurse heroes at the 2020 NightinGala.

Please submit nominations for the following awards as follows:

**COVID-19 Community Nurse Hero** – recognizes an individual registered nurse who has demonstrated outstanding contributions for a patient experiencing COVID-19.

**Bedside Nurse Hero**—recognizes an individual registered nurse who has demonstrated outstanding contribution directly at the point of care and/or bedside nursing.

**Nursing Team Heroes**— recognizes collaboration by two or more people, led by a registered nurse, who identify and meet patient family needs by going above and beyond the traditional role of nursing.

**Advanced Practice Nurse Hero**—recognizes outstanding contributions to nurses of advanced practice, including those in positions of nurse practitioner, certified registered nurse anesthetist, nurse midwives and clinical nurse specialist.

**Executive Leader Nurse Hero**—recognizes outstanding contribution of a registered nurse in the position of leadership such as nursing director, manager, supervisor, clinical educator, case manager, nurse manager or leader.

**All nominations must have a completed nomination form received by no later than Sept. 30, 2020 to [mstubbs@utfi.org](mailto:mstubbs@utfi.org) or Michelle Stubbs, Nurse Hero Awards, 62 S. Dunlap, Suite 500, Memphis, TN 38163.**

To qualify for nomination, the submission must include the following:

- Completed nomination form with the name and contact information of the nominator.
- Supporting information on the nomination form that demonstrates how the nominee's ongoing contributions made a difference.
- A Letter of Support (from someone other than the nominators)
- If possible, please attach nominee's Résumé or Curriculum Vitae.

## Nightingala Nurse Hero Award 2020 Nomination Form and Criteria

### **Nomination Criteria:**

- Nominee must have a current unrestricted Tennessee RN license or current unrestricted license in another state if employed in a federal facility.
- Actively practicing nursing in Shelby County.

*Instructions: Please read and follow instructions carefully. If instructions are not followed, the nomination will not be considered.*

- Information may be typed or printed legibly.
- Consult with the nominee or others to assure that all demographic and descriptive information is accurately stated.
- The nomination form must not exceed the pages provided. Page 1 requests the nominee's demographic and biographic information and the nominator's and employer's name, address and phone number. Signatures and email addresses for both the nominator and the Senior Level Administrator of the organization **MUST** be provided.
- Answer the introduction questions on Page 3 to be printed in the Gala Program.
- Please describe how the nominee meets the criteria.

**Send application by email to [mstubbs@utfi.org](mailto:mstubbs@utfi.org) or mail the original application to ATTN. Michelle Stubbs, Nurse Hero Award, 62 S. Dunlap, Suite 500, Memphis, TN**

All nominations must be postmarked by **Tuesday, Sept. 30, 2020** to be considered. The nomination form is available to download in PDF format on the UTHSC College of Nursing website <https://uthsc.edu/nightingala>. Tips for completing the nomination form are also available on the website.

Self-nominations are not accepted. Members of the Nightingala Nurse Hero Award Steering Committee, Nominations, and Selection committee and Reviewers are ineligible for nomination.

## NightinGala Nurse Hero Award 2020 Nomination Form

All information must be typed or printed legibly on this form. Enter nominee's name and credentials as it should appear in the NightinGala Program.

Nominee's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Nominee's Credentials: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Email: \_\_\_\_\_

Nominee's home address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Nominee's Employer: \_\_\_\_\_

Organization's Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Current Position held: \_\_\_\_\_

Mark primary practice area of the nominee:

a) Bedside Nurse (Staff Nurse) \_\_\_\_\_

b) Nursing Team \_\_\_\_\_

c) Advanced Practice Nurse \_\_\_\_\_

d) Nurse Executive Leader \_\_\_\_\_

Nominee's area of certification, if applicable: \_\_\_\_\_

Years of Experience as a Registered Nurse: \_\_\_\_\_ years.

Nominator's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Other) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Nominator's Business Address: \_\_\_\_\_

Nominator's signature: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Senior Level Administrator's Name: (print) \_\_\_\_\_

Senior Level Administrator's Signature: \_\_\_\_\_

E-mail address: \_\_\_\_\_













