

Deadline for submission is March 14, 2025

Now is your chance to honor a special nurse!

In celebration of National Nurses Week, the University of Tennessee Health Science Center's College of Nursing and Nurse Leaders from across our community will honor Nurse Heroes at the 2025 NightinGala, to be held **May 2, 2025 at the FedEx Event Center at Shelby Farms**

Please submit nominations for the following awards:

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

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

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

All nomination forms must be received by no later than March 14, 2025. You may send by mail to Leigh Ann Roman, 874 Union Ave., Room 444, Memphis, TN 38163. Or, you may send the completed form by email to Leigh Ann at lroman2@uthsc.edu.

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 2025 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 the Mid-South.

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.
- Please describe how the nominee meets the criteria.

All completed nomination forms must be received by no later than March 14, 2025. You may send by mail to Leigh Ann Roman, College of Nursing, 874 Union, Room 444, Memphis, TN 38163. Or, you may send the form by email to Leigh Ann Roman at lroman2@uthsc.edu.

The nomination form is available to download in PDF format on the UTHSC College of Nursing website <https://uthsc.edu/nightingala>.

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 2025 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) Advanced Practice Nurse _____

c) 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: _____

