Nebraska Center for Nursing  
“Nurses Who Make a Difference”  
Award Criteria and Application

Name of nominee _______________________________ Date of submission ________________

Address _______________________________ City_______________ Zip________

RN or LPN _____________ Years as a Nurse __________

Congressional District: ___________ State Senator ________________________________

Place of employment: __________________________ Phone ________________________

Address: _______________________________ City_______________ Zip________

Name of nominator_______________________ Phone _________________________

Address: _______________________________ City_______________ Zip________

Nominee must be a Licensed Practical Nurse or a Registered Nurse in the state of Nebraska.
There will be two nominees selected from each congressional district. The deadline for nominations will be April 21st. Selected nominees will be notified by April 28th.

Applications can be submitted via email at cfnfoundation@gmail.com or fax to 1-877-917-9231.
For more information about the Nebraska Center for Nursing, please visit www.center4nursing.com

Nomination criteria

- **Advancement of the nursing profession.** Examples may include active involvement on the Nebraska Action Coalition, active involvement in a professional organization such as Nebraska Nurses Association or Licensed Practical Nurse Association or a specialty organization, member of a board that promotes nursing such as Nebraska Organization of Nurse Executives, serves as a clinical leader in promoting evidence based nursing care in their organization; mentors peers and new nurses.

- **Nursing in the Community.** Examples of this may include volunteerism within the community that enhances the health and well-being of community members (parish nursing, member on community boards, youth coaches, youth organization leader, etc.)

Applications must include a nomination letter, unless nurse nominates self, then a letter of support.
Name of Nominee _______________________
In what ways has the nominee served as a nurse?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

In what ways has the nominee served in the advancement of the nursing profession?
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__________________________________________________________________________________
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In what ways has the nominee been an active member in the community?
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Please list any boards or professional organizations that the nominee is a member (if known).
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