



NCSN Recognition Award Nomination Form

The NCSN Recognition Award is presented to a NCSN nominated by a peer for enhancing competency in school nursing and/or who has been instrumental in promoting national school nurse certification at the national, state and/or local levels. Nominees must be NCSNs in good standing and currently employed in school health. A letter of recommendation addressing the above criteria must be submitted with the application form below. Past and current Board members are not eligible for the Award.

The NBCSN Recognition Award is presented to individuals during the NCSN Reception during the annual NASN Conference.

Name of Nominee and Credentials: _____

Address: _____ City/State/Zip: _____

Telephone: (home) _____ (work) _____ (cell) _____

Title/position: _____ Email Address: _____

Employer: _____ City/State: _____

Summery of activities which enhance competency in school nursing and/or promote national certification:

A letter of recommendation (maximum of 4 pages) from a peer must accompany this form.

Nominated by: _____ Title: _____

Address: _____ City/State/Zip: _____

Telephone: (home) _____ (work) _____ (cell) _____

Nominations must be submitted by May 15th of the current year to be considered for the annual award. Questions? Contact NBCSN at 1-888-776-2481. Nominations may be submitted online c/o NBCSN President to dwagner@ptcny.com , faxed to 1-212-356-0678 or mailed to:

NBCSN
1350 Broadway, 17th Floor
New York, NY 10018