

Northeast Chapter of the WOCN® Society Nurse of Distinction Nomination

Nominee Requirements

1. Minimum two years of active membership in WOCN
2. Minimum of 1 current certification recognized by WOCNCB®

Nomination Selection Process

1. Complete the application and submit shemackle@gmail.com by October 5, 2024
2. The Review Committee Chairperson will review applications for completeness
3. The Review Committee will notify nominees via email
4. The Review Committee will select Nurse of Distinction through an evaluation rubric
5. Winner will be announced at the 2024 annual Northeast Chapter of WOCN Conference

Nominee: _____

Nominee Contact Information:

Address: _____

Email: _____

Phone Number: _____

Nominee Professional Associations/Activities/Research/Accolades:

May attach CV in lieu of information below

Nominee Academic Background:

Nominee Practice Area:

On the reverse side, please provide a statement describing why your nominee should be considered for the *Nurse of Distinction Award*.

Ideas for consideration: Achievements/Accomplishments, Professional Standards, Role Model, Personal Qualities, Community Services, Other Pertinent Factors

Nominator Name/Contact Information: _____

