

Mid-Atlantic Chapter of the WOCN® Society Nurse of the Year Criteria and Nomination Form

Nominee Criteria:

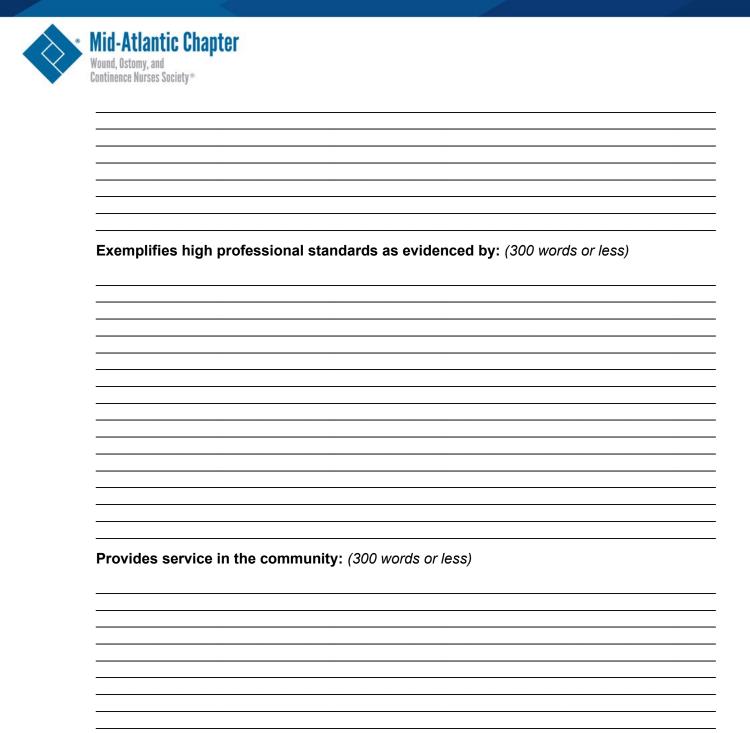
- Current active member of the Mid-Atlantic Chapter of the WOCN Society (Member of the WOCN Society with MAC selected as their Chapter)
- Engaged in clinical practice of wound, ostomy, continence, or foot care nursing
- Certified by the WOCNCB[®] in one of the following: wound, ostomy, continence, and/or foot care
- Endorsed by one or more peers for recognition status

All information potentially identifying the nominee will be redacted for an impartial blind vote by the MAC NOY/Scholarship committee.

Fields with * are required. Complete all other fields as appropriate or enter "N/A" if not applicable.

*Email Address:					
*First Name:	*La	*Last Name:			
*Address:					
		*Zip Code:			
*Phone with area code & ty	ype:	Home	Work	Mobile	
*Is the nominate employed	l as a WOC Nurse? Yes	No			
Employer:					
Name of Nursing School A	attended:				
WOCET_NEP:					
Date of Certification:					
*WOCN Member ID #:					
*Mid-Atlantic Chapter Men					
Domonetratos excellence	in the practice of WOC nu	rsing by: (3	300 words	or less)	
Demonstrates excemence					
	<u> </u>				



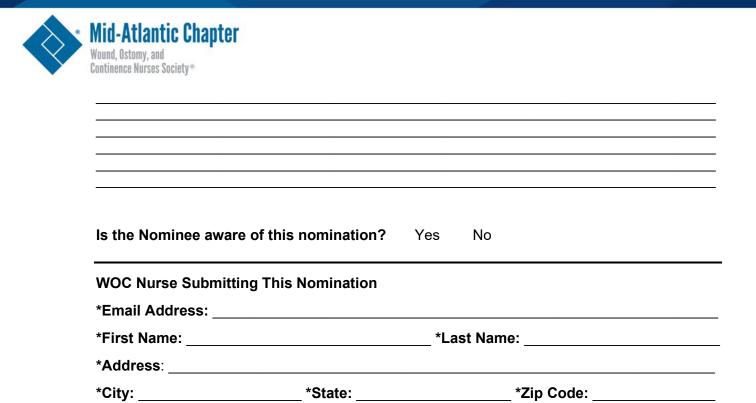






WOCN Society: (300 words or less)
Demonstrates interest and positive attitude to meet the needs of patients, families, visitors, significant others, industry, co-workers, physicians, and association: (300 word or less)
List other achievements: (300 words or less)





*Phone with area code & type: _____ Home Work Mobile