



## **School Nurse of the Year Recognition Award**

### **General Instructions**

The School Nurse Recognition Award is presented annually to publicly recognize and honor a practicing registered nurse for outstanding contributions in the nursing specialty of school nursing. This honor is bestowed upon an individual who is selected according to the following criteria. Please complete BOTH Part A and Part B.

### **MSNO School Nurse of the Year Award Application Selection Criteria:**

a. MSNO/NASN member for at least two years; b. Currently employed as a school nurse; c. Expertise in school nursing practice. d. Effective management of school health program through priority setting, decision-making and work organization. e. Creative use of resources, both human and material, to improve school health program. f. Excellence in health teaching. g. Role in nursing research. h. Leadership and/or participation in professional organizations.

Parts A and B of the application can be completed by the nominee, a colleague or supervisor. Please omit reference to the nominee's name or place of employment in the text. Kindly cite each number/letter below with the appropriate response.

Maximum: three pages. Please print and **mail** the completed application to:

**MSNO**

**197M Boston Post Rd West #251, Marlboro, MA 01752**

**Application Deadline: January 20, 2021.**

**Please feel free to contact Kathy Hassey at [hassey@msno.org](mailto:hassey@msno.org)**



## MSNO School Nurse of the Year Nomination Form

### Complete Parts A and B

#### Part A

Name and title of the person nominating an MSNO member:

\_\_\_\_\_

Nominator's Home Address: \_\_\_\_\_

Nominator's Phone: \_\_\_\_\_ Nominator's Email: \_\_\_\_\_

\_\_\_\_\_

School/Work Address: \_\_\_\_\_

School/Work Phone: \_\_\_\_\_

Name of Nurse Leader/Director: \_\_\_\_\_

Name of District Superintendent: \_\_\_\_\_

Address of District Superintendent: \_\_\_\_\_

Name of Nominee:

\_\_\_\_\_

Nominee's Home Address:

\_\_\_\_\_

Nominee's Phone: \_\_\_\_\_ Nominee's Email: \_\_\_\_\_

Nominee's School: \_\_\_\_\_ Nominee's School District:

\_\_\_\_\_

Nominee's School Address:

\_\_\_\_\_

Nominee has been a member of MSNO (minimum of 2 years is **required**):

\_\_\_\_\_

Briefly list the nominee's education preparation for nursing. Include reference to Colleges the nominee graduated from and any formal education/certification programs completed.

## **Part B**

The following part of the application is to be completed by the nominator, and/or supervisor/director. Please omit the name of the nominee or the place of employment in the text. Note: nomination must be typed.

### **Selection Criteria:**

1. Describe an activity in which the nominee has actively participated within the past two years, and that had an impact on school nursing; i.e. preceptor, mentor, community activity related to school nursing.
2. Describe the nominee's involvement in professional nursing organizations
3. Describe an example of how the nominee's professional behavior has influenced the image of school nursing:
  - a. Expertise in school nursing practice
  - b. Effective management of school health program through priority setting, decision-making, and/or work organization.
  - c. Creative use of resources, both human and material, to improve the school health program.
  - d. Excellence in health teaching
  - e. Role in nursing research
  - f. Leadership
  - g. Continuing education