



MSNO School Nurse Administrator of the Year Award

General Instructions

The School Nurse Administrator of the Year Recognition Award is presented annually to publicly recognize and honor a practicing school nurse administrator for outstanding contributions in the 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 Administrator of the Year Award Selection Criteria:

MSNO/NASN member for at least two years; 2) Currently employed as a School Nurse Administrator; 3) Administrative qualities that promote school health services; 4) Effective management of school health program through priority setting, decision-making and work organization; 5) Ability to utilize resources, both human and material, to improve school health program; 6) Leadership and/or participation in professional organizations at local, state and national levels; 7) Participation in legislative advocacy for student health issues; 8) Role in promoting nursing research; 8) Actively promoting continuing education for nursing staff.

Parts A and B of the application must be completed by the nominee, a colleague or supervisor. **Please omit reference to the nominee's name or place of employment in the text as it is a blind review.** Kindly cite each number/letter below with the appropriate response. Please add any helpful notes/details/letters.

* Nominations are reviewed anonymously by a MSNO Board committee.

Maximum: three pages.

Email with AWARD SUBMISSION in the subject line to
Hassey@msno.org OR kahassey@aol.com

Application Deadline: January 20, 2021 Please feel free to contact Kathy Hassey, Scholarship & Awards Chair, at hassey@msno.org



MSNO School Nurse Administrator 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 Nominee:

Nominee's Home Address: _____

Nominee's Phone: _____ Nominee's Email: _____

Nominee's School: _____ Nominee's School District: _____

Nominee's School Address: _____

Name of District Superintendent: _____

Address of District Superintendent: _____

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 nominee, a colleague, or supervisor. Please omit reference to the nominee's name or place of employment in the text.

- 1) MSNO/NASN member for two or more years
- 2) Administrative qualities that promote school health services
- 2) Effective management of school health program through priority setting, decision-making and work organization.
- 3) Ability to utilize resources, both human and material, to improve school health program.
- 4) Demonstration of leadership in the District
- 5) participation in professional organizations at local, state and national levels.
- 6) Participation in legislative advocacy for student health issues
- 7) Role in promoting school nursing research
- 8) Actively promoting continuing education for nursing staff