PENNSYLVANIA ASSOCIATION OF PERIANESTHESIA NURSES

Outstanding Achievement Award Nominator Form

STEP ONE: To be completed by the Nominator

I wish to nominate _____ For PAPAN's Outstanding Achievement Award.

Nominator Name: _____

Address: _____
_____

Phone (Home): _____ (Work): _____

E-mail address: _____

NARRATIVE SECTION

How has this person impacted your professional life or how has this person significantly contributed to the specialty of PeriAnesthesia nursing? (Please use the space provided for your comments.)

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Mail to:
PAPAN Membership Committee Chair
See PAPAN Website for mailing address

Postmarked no later than February 1st

Revised & Reviewed 3/08, 9'08