

PENNSYLVANIA ASSOCIATION OF PERIANESTHESIA NURSES



Outstanding Achievement Award Nominee Form

STEP TWO: To be completed by the nurse being nominated. Please avoid abbreviations.

Name: (include middle name) _____)

Home Address: _____

City, State, Zip: _____

Employer: _____

Employer Address: _____

City, State, Zip: _____

Current Position: _____

Immediate Supervisor: _____

Entry Nursing Degree from: _____

() AD () Diploma () BSN City: _____ State: _____

Additional Degree(s): (list degree and institution) _____

Professional Certification(s): _____

Professional Organizational membership(s), honors, awards: _____

I agree to be considered for the Outstanding Achievement Award sponsored by the Pennsylvania Association of PeriAnesthesia Nurses (PAPAN). I agree to participate in the awards program, if chosen. I understand that the Awards Committee may contact my present employer, and I authorize said employer to release information pertinent to such a request.

Signature: _____

Date: _____

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

Postmarked no later than February 1st