PENNSYLVANIA ASSOCIATION OF PERIANESTHESIA NURSES

Patient Advocate Award Nominator Form

STEP ONE: To be completed by the Nominator.

I wish to nominate: _____for a PAPAN Patient Advocate Award.

Nominator Name: _____

Address: _____
_____

Phone (Home): _____
(Work):_____

E-mail address: _____

Narrative Section:
Describe candidate patient assessment skills, compassion, clinical knowledge, commitment, ingenuity and problem solving in caring for a patient and/or family. (May add additional sheet of paper).

_____
_____
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Mail to:
Chair of Membership Committee
Refer to PAPAN website for mailing address

Deadline: Must be received by
February 1st

Revised & Reviewed 3/08, 9'08