

Appendix V

Association of School Nurses of Connecticut

SCHOOL NURSE OF THE YEAR/SCHOOL NURSE SUPERVISOR OF THE YEAR
NOMINATION FORM

Instructions:

- 1) Complete this form.
- 2) Attach the required supporting documents.
- 3) Mail to:

ASNC President

Name of Candidate _____, R.N.
Address _____ Phone (H) _____ (W) _____

Employer's name _____

Employer's Address _____

Current Position _____

Number of years in current position _____, in school system*

Full time position (by guideline standards) yes _____ no _____

Member of ASNC** _____ Preferably a Member of NASN ***

Nomination submitted by _____

All nominations along with portfolios must be submitted by November 15.

* must have been a school nurse for at least 5 years.

** SNOY: current active member of ASNC and the past two years.

SNSOY: current active member of ASNC and the past five years

*** SNOY: a member of NASN current and the past two years

SNSOY: member of NASN for the current and preceding five years

Appendix VI - b

ASSOCIATION OF SCHOOL NURSES OF CONNECTICUT

Procedure For Submission of Recognition application
School Nurse of the Year
School Nurse Supervisor of the Year

1. Information must be submitted as a complete packet. It may be enclosed in a folder or binder.
2. Include the following:
 - **Narrative describing the nominee's contributions this must be signed and dated by the nominator(s)
 - **Supporting letters of recommendation
 - maximum of 6 letters
 - letters may be from supervised school nurses, principals, supervisors, superintendents, teachers, parents, students, or community leaders
 - letters should describe specific issues or topics related to nomination of individual
3. Submit the original packet/folder to the following address:

ASNC Recognition Committee