

# Nomination Form

Iowa School Nurse Organization  
School Nurse of the Year

I would like to nominate

\_\_\_\_\_  
(name of school nurse for  
School Nurse of the Year)

School \_\_\_\_\_

Work Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Work Phone \_\_\_\_\_

\_\_\_\_\_  
Home Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

I believe this person deserves this  
nomination because:

*(Please attach a separate sheet of paper  
for this section)*

\_\_\_\_\_  
Signature of Nominator

Nominations must be submitted by  
**November 1, 2011.**

6433 Golf View Place  
Sioux City, Ia. 51106  
712-276-0016  
Email: cbarry@q.com

# Recognize

# The

# Contribution

# Of

# Your

# School Nurse



# Iowa School Nurse of the Year

# Iowa School Nurse Organization

---

## School Nurse of the Year Award

The Iowa School Nurse Organization is offering you the opportunity to recognize the invaluable service your school nurse provides to your staff and students every day.

The purpose of this award is to recognize the contribution of school nurses by focusing each year on one school nurse who has demonstrated excellence in school nursing practice.

We can't award this distinctive honor without your help! Please read through the information that follows and take the time to nominate the school nurse who provides such essential services to your educational facility.

It is a prestigious award and one that is most certainly deserved.

## **ELIGIBILITY**

1. Nominee must:
  - a. be a registered school nurse
  - b. be a member of the Iowa School Nurse Organization (ISNO) and National Association of School Nurses (NASN) currently and the preceding two years without lapse.
  - c. Have five years experience as a school nurse and currently practicing full-time as a school nurse
2. Full time shall mean working the full position that is available. If the only school nurse position in a community involves fewer hours than full-time, it will be considered full-time for the purpose of eligibility criteria. More than 50% of the nominee's time must be spent in direct care.
3. Nominee may be on the ISNO/NASN Board of Directors or an officer of ISNO/NASN at the time of nomination.
4. Evidence of excellence in school nursing practice must be based on *Scope and Standards of Professional School Nursing Practice (copyright 2005, National Association of School Nurses and American Nurses Association)*

### **Criteria for Selection**

1. Provider of Client Care
2. Program Management
3. Health Education
4. Professional Involvement
5. Political or Legislative Contributions
6. Community Involvement
7. Participation in Research

## **PROCEDURE**

Information must be submitted on the nomination form (see back panel) and signed by the person submitting the nomination.

## **DEADLINE**

Candidates must be nominated by **November 1, 2011.**

## **NOTIFICATION**

ISNO president will notify the nominees of the application process. The ISNO President will notify the nominator and the selected nominee's school administrator 2 weeks prior to the ISNO Spring Conference and award presentation. The award will be presented at the ISNO Annual Spring Conference.

## **MAILING INFORMATION**

Please include completed nomination form and send to:

Connie Barry RN, BSN, MEd.  
Chair Nominating Committee  
School Nurse of the Year Committee  
6433 Golf View Place  
Sioux City, Ia. 51106