

# LPNAN NOMINATION FORM

for

## OUTSTANDING NEBRASKA LPN FOR THE YEAR 2010

in the name of:

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Name

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Address

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City/State/Zip

Respectively submitted,

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Do you know a nurse colleague that has had a great year? Do you know a certain nurse on your floor, in your facility, or in your region who really stands out? This is your chance to honor an exceptional LPN by nominating him/her for the Nebraska LPN of the Year!

All entries must include a completed nomination form. The information will be used in *The Articulator* as well as for introduction at convention.

3900 NW 12th Street, Suite 100, Lincoln, Nebraska 68521-3037  
Phone: (402) 435-3551 Fax: (402) 475-6289 E-mail: robind@nehca.org  
www.nehca.org/lpnan

## **Criteria for Nebraska LPN of the Year Award**

1. An applicant for the Licensed Practical Nurse Association of Nebraska (LPNAN) recognition for Nebraska LPN of the Year should meet the following requirements:
  - a. Practice as a LPN.
  - b. Member of LPNAN.
  - c. Community service.
  - d. Positive interpersonal relationships with fellow workers.
  - e. Possession of qualities that project the ideals of licensed practical nursing.
  - f. There must be no disciplinary action against license in the past or currently in the state of Nebraska.
2. To give evidence to the above qualifications, a nomination form is to be submitted (a nomination form is enclosed to give guidance for the information to be included).
3. The winner will be selected by a committee of impartial persons who are not members of LPNAN and who are not acquainted with any of the applicants. Their decision will be made on the basis of the nomination form.
4. The applicant is expected to attend the annual convention. The winner will be announced at the LPNAN Annual Convention Awards Luncheon on October 21, 2010, at the Holiday Inn Downtown in Lincoln.
5. If there are any questions, please contact the LPNAN office at 402-435-3551.
6. The application or nomination for Nebraska LPN of the Year is due in the LPNAN office by **July 31, 2010**.

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### NOMINATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

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



EDUCATION:

HOW MANY YEARS A MEMBER OF LPNAN:

PAST/PRESENT ACTIVITY IN LPNAN:

OTHER HEALTH CARE ORGANIZATIONS AND ASSOCIATIONS:

COMMUNITY SERVICE RELATING TO HEALTH CARE AND OTHER ACTIVITIES:

PERSONAL/PROFESSIONAL QUALITIES THAT MAKE APPLICANT AN EXCEPTIONAL LPN:

AWARDS/HONORS RECEIVED:

EXPLANATION OF THE FOLLOWING: How does nominee improve work environment, patient satisfaction, and relations with the medical team? How does the nominee support other LPNs and implement a team concept? How does the nominee go "above and beyond" to make a difference? Why does this nominee deserve to be recognized as the 2010 Nebraska LPN of the Year?

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This form is a suggested form only. Additional information may be included on the back of this form or on additional sheets of paper. Endorsement letters and other information may be attached to this form. This form may be copied for additional use.

**NOMINATION DEADLINE: JULY 31, 2010**

Nomination forms and supportive materials should be sent to:

Licensed Practical Nurse Association of Nebraska  
3900 NW 12<sup>th</sup> Street, Suite 100  
Lincoln, NE 68521

*Managed by the Nebraska Health Care Association, Inc.*