PHILIPPINE NURSES ASSOCIATION OF NEW JERSEY
NURSING EXCELLENCE NOMINATION FORM 2019

1. Personal Information
   Nominee/Credentials
   Address
   Telephone Number (Home) (_____)(_____) (Work) (_____)
   Cell Phone: (_____)
   FAX: (_____)
   E-mail: 
   PNANJ Sub Chapter: 
   # of years as a member: 
   Position/Occupation
   Employer
   Business Address

2. Type of award the nominee should be considered. Check one.
   _______Clinical (Staff nurse) _______Education
   _______Administration _______Community Service
   _______Research _______Entrepreneur
   _______Advance Practice Nurse _______Informatics
   _______Innovative Nurse

Note:
Members of the Awards Committee are ineligible for nomination.
The applicant must check selection in the scoring tool as it applies and attached supporting evidence.(CV not considered)
If chosen for the award, your physical presence is required to attend the PNANJ Award Luncheon on September 14, 2019 at Pines Manor, Edison New Jersey

3. Justification: In more specific terms, please indicate below why you think your nominee deserves the award. To be considered as potential awardees, the applicant must have equal or greater than (> 85 points in each category. Indicate only the significant achievements or outstanding contributions .(no more than 150 words) of the nominee in the particular award category, and sustained involvement with PNANJ and/or Affiliate Chapters and/or participation in the work towards the Institute of Medicine Future of Nursing recommendations. Submit bio-data and/curriculum vitae and a 2x2 size photo.

Please send completed Form and Documents to:
Grace Vickerie Awards Committee Chair
12 Rosenbrook Dr.
Lincoln Park, NJ 07035
Gvickerie2015@gmail.com
Cell# 201 359 0761
4. **Attestation:** I attest to all facts contained in this form and give permission for said facts to be verified and/or used for publication.

____________________________________  __________________
Signature of Nominee                  Date

5. **Nomination:** I wish to nominate the person mentioned above for the award as indicated.

____________________________________  __________________
Signature of Nominator                 Date

Nominator’s Address_____________________
Telephone (H) (_____) (W) (_____) ____________________________
Cell Phone: (_____) FAX: (_____) E-mail: __________________

**Deadline of Nomination Submission:** Application must be received by mail and postmarked on or before July 1, 2019

Please contact any of the Awards Committee members with any question you may have.

**2019 PNANJ Nursing Excellence Awards Committee:**

**Chair:** Grace Vickerie (BergenPassaic Subchapter) gvickerie2015@gmail.com

**Co – Chair** Victoria Javier (BergenPassaic Subchapter) mavij@yahoo.com

**Members:** Florissa Biscocho (Essex County Subchapter) florissabiscocho@yahoo.com
Alice Fereno (Ocean County Subchapter) Asfereno@optonline.net
Peachie Miranda (Somerset County Subchapter) mirachie@aol.com

**Adviser:** Belle Villafuerte (PNANJ Past President) bellev115@gmail.com