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**APPLICATION FORM FOR PHILIPPINE NURSES ASSOCIATION OF MICHIGAN**

**NURSE EXCELLENCE ACHIEVEMENT AWARDS**

1. **Demographic Information**

**Nominee/Applicant**

 **Name/Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Preferred Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Nursing Position/Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_**

**Employer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Nominator**

 **Name and Credential: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Preferred Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Selected Award Category (choose one)**

**\_\_\_\_\_\_\_ Clinical Nurse**

**\_\_\_\_\_\_\_ Nurse Administrator**

**\_\_\_\_\_\_\_ Nurse Researcher**

**\_\_\_\_\_\_\_ Nurse Educator**

**\_\_\_\_\_\_\_ Community Service**

**\_\_\_\_\_\_\_Nurse Entrepreneur**



1. **Nominator**: In 350 word or less, please provide a summary/personal statement of the meritorious qualities of the applicant/nominee for the selected award and number of years of nursing service in the category, address the significant, relevant, and outstanding contributions for the selected award category and sustained involvement with PNAM.
2. **Nominee/Applicant**:
	1. Submit a brief bio sketch/personal statement (350 words or less) relevant to your selected award category.
	2. Include a 2 x 2 photo.
		1. I authorize the PNAM to publish the attached photograph, I further consent to use of the photo by PNAM for Publication, As part of an exhibit, As part of visual presentation.
		2. I waive any right to compensation for the above uses. I hold the PNAM harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.
		3. The photograph hereby submitted becomes a property of PNAM and I will not in any way claim or demand for its return.
	3. Electronically submit in pdf format one complete application packet (with name, and all supporting document.)
	4. If selected, the nominee must be present at the October 8 event to receive the award.
3. **Attestation**: I attest to all facts contained in this application, give permission for said facts to be verified and/or used for publication, and consent for photograph use.

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Applicant/Nominee Signature Date

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Nominator Signature Date