

2. EDUCATIONAL BACKGROUND

Indicate degrees, educational institutions, and dates. For continuing education indicate title/topic, dates and number of contact hours to support current or updated knowledge base in occupational health issues.

A. RN Program _____

B. Advanced Degrees _____

C. Continuing Education (LAST 3 YEARS)

Topics	Dates	# Contact Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. PROFESSIONAL RESPONSIBILITIES / ACTIVITIES

A. Job Responsibilities.

This award focuses on and must include examples of involvement in **Direct Patient Care** of injuries, illnesses, health education, safety, environmental, etc.) **Describe Fully. LAST 3 YEARS**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

B. Interdisciplinary Roles and Additional Contributions to Occupational and Environmental Health / Safety

Include health / safety / environmental activities, programs, or responsibilities that require working with other departments / organizations. Explain departments, role and give dates. **Do Not Duplicate information in other areas. LAST 3 YEARS.**

1. _____

2. _____

3. _____

C. Educational Programs/Presentations

Include health / wellness classes, lectures past or present, that you planned / conducted for employees, management, health care providers and others. Indicate title/topic, date, audience type and size. Please put **P** beside the program if you planned it, **C** if conducted it, or **B** if you did both. **LAST 3 YEARS.**

Less than 4 Hours

Title/Topics	Dates	Audience	Size	P C B
1. _____				
2. _____				
3. _____				
4. _____				

4 Hours or More

Title/Topic	Dates	Audience	Size	P C B
1. _____				
2. _____				
3. _____				
4. _____				

7. IDENTIFY NOMINATORS.

A. Primary Nominator Information

Name _____
Position _____
Employer _____
Address _____
Telephone Work () _____ Home () _____
FAX Work () _____ Home () _____
E-mail Work _____ Home _____
Local Chapter _____
Nominator's Signature _____

B. List Two NCAOHN members who support this nomination

Name _____
Position _____
Employer _____
Address _____
Telephone Work () _____ Home () _____
FAX Work () _____ Home () _____
E-mail Work _____ Home _____
Local Chapter _____

Name _____
Position _____
Employer _____
Address _____
Telephone Work () _____ Home () _____
FAX Work () _____ Home () _____
E-mail Work _____ Home _____
Local Chapter _____