

**NCAOHN
Occupational Health Nurse of the Year Award
Nomination Form**

Only **TYPED** forms will be accepted **by the deadline** indicated. This form is available as a MS Office WORD document if requested. If additional space is needed for answers, attached typed sheets will be permitted. Do not send a biographical sketch, resume, or curriculum vitae.
INFORMATION MUST ONLY INCLUDE LAST 3 YEARS EXCEPT WHEN INDICATED DIFFERENTLY.

Date: _____

Nominee Name _____ Nursing License No.: _____
Address _____
Telephone Work () _____ Home () _____
FAX Work () _____ Home () _____
E-mail Work _____ Home _____
Local Chapter _____

1. CAREER SUMMARY

A. Current Employer

Agency	Title	Service Dates

B. Past Employers in Occupational and Environmental Health / Safety

(Beginning with most recent employers.) **LAST 3 YEARS**

Agency	Title	Service Dates
1. _____		
2. _____		
3. _____		
4. _____		

C. Total years of Nursing _____

Total Years of Occupational Health Nursing _____

D. Current Professional Certifications

In areas related to occupational and environmental health / safety. **COHN REQUIRED.** Include FA/CPR certification here. **Must attach copy of all cards.** (Do not include Spirometry or Audiometry.)

Certification	Number	Expiration
1. COHN or COHN-S		
2. First Aid/CPR		
3.		
4.		
5.		

2. EDUCATIONAL BACKGROUND.

Include degrees, educational institutions, and dates. For continuing education include topics, dates and number of contact hours to support current or updated knowledge in occupational health issues.

A. RN Program _____

B. Advanced Degrees _____

C. Continuing Education LAST 3 YEARS

Topic	Dates	# Contact Hours

3. PROFESSIONAL RESPONSIBILITIES/ACTIVITIES

A. Job Responsibilities

This award focuses on and must include examples of **Leadership** related to occupational and environmental health nursing roles. Include Spirometry and Audiometry certification information here. **Describe Fully. LAST 3 YEARS**

1. _____

2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

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, showing leadership qualities. Explain departments, role and give dates. **Do Not Duplicate information in other areas. LAST 3 YEARS**

1. _____

2. _____

3. _____

4. _____

C. Mentoring Experience

Provide description and length of mentoring experience with OHNs in your company as well as OHNs in other companies. Include dates.

1. _____

2. _____

3. _____

4. _____

D. Educational Programs/Presentations

Complete the following two logs. Include health / wellness classes, lectures past or present, that you planned/conducted for employees, management, health care providers and others. **LAST 3 YEARS.**

Educational Programs and Presentations

(Include all educational offerings that you planned and/or conducted during the past 3 years)

Less than 4 Hrs.	Dates Given	Name or Topic of Offering	Type & Size of Audience	Circle for <u>P</u>lanned, <u>C</u>onducted, or <u>B</u>oth	Length of Offering
1.				P / C / B	
2.				P / C / B	
3.				P / C / B	
4.				P / C / B	
5.				P / C / B	
6.				P / C / B	
7.				P / C / B	
8.				P / C / B	
9.				P / C / B	
10.				P / C / B	
11.				P / C / B	
12.				P / C / B	

Educational Programs and Presentations

(Include all educational offerings that you planned, prepared, or presented during the past 3 years)

More than 4 Hrs.	Dates Given	Name or Topic of Offering	Type & Size of Audience	Circle for <u>P</u> lanned, <u>C</u> onducted, or <u>B</u> oth	Length of Offering
1.				P / C / B	
2.				P / C / B	
3.				P / C / B	
4.				P / C / B	
5.				P / C / B	
6.				P / C / B	
7.				P / C / B	
8.				P / C / B	
9.				P / C / B	
10.				P / C / B	
11.				P / C / B	
12.				P / C / B	

4. PROFESSIONAL AFFILIATIONS

Indicate offices / committee / chair positions held. Include copy of membership cards.
LAST 3 YEARS

A. AAOHN Member Number _____ **Expires** _____
Chapter _____ **Year** _____ **Committee/Office/Chair** _____

1. _____
2. _____
3. _____
4. _____

B. ANA / NCNA Member Number _____ **Expires** _____
Chapter _____ **Year** _____ **Committee** _____ **Office/Chair** _____

1. _____
2. _____

C. Other Memberships in Professional Associations

Related to Occupational and Environmental Health / Safety. **LAST 3 YEARS**

Association	Year	Committee	Office/Chair
1. _____			
2. _____			
3. _____			
4. _____			

5. COMMUNITY SERVICE

Proof of participation may be required. Specify organization, type of service provided (committees, programs, etc.), and dates of participation. **LAST 3 YEARS.**

Organization	Service	Dates	#Hours
A. _____			
B. _____			
C. _____			
D. _____			
E. _____			
F. _____			

6. RESEARCH INVOLVEMENT (LAST 5 YEARS)

Give dates, title, subjects, numbers involved, role you played and outcome of the study.

- A. _____

- B. _____

- C. _____

7. PROFESSIONAL WRITING

A. Literature Published in Peer Review Journal

Give names, dates, titles. **LAST 5 YEARS**

- 1. _____

- 2. _____

- 3. _____

B. Other Writings Developed and Printed within Your Company

Give names, dates, titles. Include brochures, newsletters etc. **LAST 5 YEARS**

- 1. _____

- 2. _____

- 3. _____

8. ADDITIONAL STATEMENTS TO SUPPORT THIS NOMINATION

Include examples of when this nominee has set an example, performed heroic acts or unusual gestures, mentored or encouraged others etc.

9. IDENTIFY NOMINATOR and SUPPORTERS.

A. Primary Nominator Information.

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