

**MISSOURI NURSES ASSOCIATION
HALL OF FAME AWARD
NOMINATION FORM**



Use this form to apply for the Hall of Fame Award. All information will remain CONFIDENTIAL.

PLEASE TYPE OR PRINT ALL INFORMATION. ALL STATEMENTS MUST BE ADDRESSED.

ELIGIBILITY REQUIREMENTS:

- Yes No The nominee is a Registered Professional Nurse.
- Yes No The nominee is a Registered Nurse licensed in the state of Missouri.
- Yes No The nominee lived or worked in the state of Missouri during some period of his/her career.
- Yes No The nominee is or has been a member of the Missouri Nurses Association.
- Yes No The achievements of the nominee have enduring value to nursing beyond the nominee's lifetime.
- Yes No The nominee made significant contributions to the nursing profession in clinical practice, education, administration, organizational work involving health care or innovation in health care delivery systems, or to the Missouri Nurses Association enterprise.
- Yes No The nominee demonstrated leadership in two or more of the following areas:
 - a. Advanced the practice of nursing as a profession;
 - b. Improved the quality of health care;
 - c. Adhered to professional nursing standards;
 - d. Supported professional nursing education in the state of Missouri;
 - e. Influenced health care policy;
 - f. Contributed to the enhancement and progress of the nursing profession on a state, national and/or international level

PERSONAL DATA:

Nominee's Name: _____
Last, First Middle

Nominee's Home Address¹: _____

Home/Cell Phone¹: _____ Email Address: _____

Present Employer: _____
(Name of employing organization or institution if applicable)

Employer Address: _____

MEMBERSHIP:

Nominee is/was a member of the Missouri Nurses Association Yes No If Yes, for how many years? _____

EDUCATION: *(begin with the highest degree earned)*

DEGREE/DIPLOMA	AREA OF STUDY	YEAR	EDUCATIONAL INSTITUTION
1.			
2.			
3.			
4.			

- OVER -

¹ Or nominee's living relative

NARRATIVE STATEMENT:

Please attach a narrative statement detailing the nominee’s distinctive work and/or accomplishments and his/her impact on nursing care and/or the nursing profession. The statement should describe how the nominee has met the established criteria for the award as explicitly and concisely as possible. The narrative statement should not exceed 1 single-spaced typed page with at least 12-point font size. *The Hall of Fame Committee may request additional information as needed.*

- Please consider the following elements when preparing the narrative statement:*
- Contributions in health-related areas with global impact
 - Significant impact throughout her/his career that influenced healthcare in Missouri
 - Change agent in the delivery of care and influence on nursing practice
 - Held leadership position(s) in healthcare and/or education that influenced the nursing profession
 - Contributions as an elected officer in nursing professional organizations, service, and influence on nursing practice
 - Research & Development involving programs that improve patient care
 - Innovation affecting healthcare and/or practice with a state or global impact
 - Held or currently holding statewide office
 - Years practiced as a Registered Nurse
 - Years actively engaged in healthcare
 - Published articles, chapters and/or books that influenced education, administration or practice
 - Speaker at state or national conferences
 - Consultant on state or national issues impacting the nursing profession
 - Received prior recognition for nursing excellence

SUPPORTING DOCUMENTS *(must be included with nomination to be considered):*

- A completed nomination form (typed or printed).
- A one-page maximum, narrative statement detailing the nominee’s distinctive work and/or accomplishments and his/her impact on nursing care and/or the nursing profession. The statement should describe how the nominee has met the established criteria for the award as explicitly and concisely as possible. The narrative statement should not exceed 1 single-spaced typed page with at least 12-point font size. The Hall of Fame Committee may request additional information if needed.
- Two short letters of support for the nominee describing how the criteria is met; these should not exceed 100 words.

OPTIONAL SUPPORTING DOCUMENTATION – The following is additional information about the nominee that may assist the awards committee during the selection process: *(and may be included in the nomination packet)*

- CV/Biographical data, detailing the nominee’s educational background, work experience, publications, community contributions, honors and awards.
- A photo of the nominee; 5x7 preferred *(please contact MONA office for guidelines)* may be submitted but is not required.

NOMINATION SUBMITTED BY:

Name: _____

Last, First Middle

- Individual MONA Member MONA Board of Directors MONA Committee MONA Group

Home Address: _____

Home/Cell Phone: _____ Email: _____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS NOMINATION PACKET IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature

Date

INDIVIDUAL MEMBER NOMINATION SUPPORTED BY: *(2 signatures required for nominations submitted by individual MONA Members)*

MONA Member Name *(First, Last, Member#)*: _____

MONA Member Name *(First, Last, Member#)*: _____

CANDIDATE NOMINATION MATERIALS SHOULD BE SUBMITTED TO:

Missouri Nurses Association – Hall of Fame Committee
3340 American Ave. Suite F, Jefferson City, MO 65109
Voice: (573) 636-4623 • Fax: (573) 636-9576 • info@missourinurses.org