

# 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.**

## 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#): \_\_\_\_\_

Two short letters of support for the nominee describing how the criteria is met; these should not exceed 100 words.

## 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 Address<sup>1</sup>: \_\_\_\_\_

Home/Cell Phone<sup>1</sup>: \_\_\_\_\_ Email Address: \_\_\_\_\_

Present Employer: \_\_\_\_\_

(Name of employing organization or institution if applicable)

**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.			

<sup>1</sup> Or nominee's living relative

**NARRATIVE STATEMENT:**

Once a nominee is selected and has accepted their induction to the hall of fame, a MONA committee member will conduct an interview with the nominee. The committee member will then write a narrative based on the interview, and will then submit the narrative to the nominee for final approval.

*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).

**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) may be submitted but is not required.

**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](mailto:info@missourinurses.org)