

WSNA School Nurse of the Year AWARD

Guidelines and Criteria for School Nurse of the Year Award

PURPOSE: To publicly recognize school nurses statewide by annually honoring one school nurse who demonstrates excellence in school nursing practice and leadership in school health.

SPONSOR: Wyoming School Nurses Association

ELIGIBILITY:

1. Only one(1) nominee allowed from each school district,
2. Nominee must be:
 - a. a registered professional nurse
 - b. a member of the Wyoming School Nurse Association for the current and previous two years
 - c. a member of the National Association of School Nurses for the current and previous two years
3. Nominee must have five years experience as a school nurse, and currently practice full-time as a school nurse. If the only school nurse position in a community involves fewer hours than usual, it will be considered full-time for the purpose of this eligibility criteria.
 - a. More than 50% of nominee's time must be spent in direct care.
4. Nominee may not be the Wyoming National Director at the time of nomination.
5. Evidence of excellence in school nursing practice must be based on Scope and Standards of Professional School Nursing Practice (copyright 2001, National Association of School Nurses and American Nurses Association)

Procedure For Submission of Application

1. Complete the nomination form.
2. Copy of nominee's curriculum vitae.
3. Supporting letter of recommendation from person making the nomination. Include contributions by the nominee in the following Criteria For Selection areas:
 - a. Quality of Care
 - b. Performance Appraisal and Ethics
 - c. Education
 - e. Collegiality
 - f. Collaboration
 - g. Research
 - h. Resource Utilization
 - i. Communication
 - j. Program Management
 - k. Health Education
4. Submit all the above forms/information to the WSNA President postmarked no later than 10 days prior to the Spring WSNA meeting.
5. Election of the Wyoming School Nurse of the Year for the next school year will occur at the Spring WSNA meeting

WSNA SCHOOL NURSE OF THE YEAR NOMINATION FORM

INSTRUCTIONS: Complete this form, attach other required documents, and submit to the current WSNA President postmarked no later than 10 days prior to the Spring WSNA meeting.

Nominee's Name and credentials: _____

Home Address:

Employer's Name and Address:

Home Phone _____

Work Phone _____

Present Position _____

Number of years in present position _____ Number of years in school nursing (min. 5 yrs.) _____

Grade levels served in present position _____ Number of students served _____

Position full time (by Guideline standard) Yes _____ No _____

Provider of direct nursing care in practice Yes _____ No _____

Registered Nurse Yes _____ No _____

Member of NASN/WSNA (current and previous 2 years) Yes _____ No _____

Nomination submitted by _____

Home Address:

Employer Name and Address:

Home Phone _____

Work Phone _____

Date submitted/postmarked ____/____/____

Date Received by WSNA President ____/____/____