



NOMINATION FORM

PLEASE PRINT OR TYPE ALL INFORMATION ON THIS FORM COMPLETELY AND ACCURATELY.

ALL REQUESTED INFORMATION IS MANDATORY. Incomplete or incorrect information will delay processing of your nomination. Be sure to read the entire nomination packet carefully before completing this form. Return the completed nomination to the address above by **April 6, 2007** If you have any questions, contact the Coalition for Nursing Careers in California at (510) 625-5968.

1. GENERAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
STREET ADDRESS		APT #
CITY	STATE	ZIP CODE
DAYTIME PHONE ()	EVENING PHONE ()	
E-MAIL ADDRESS:		

2. ELIGIBILITY

- ◆ Performs or participants in community outreach activities.
- ◆ Outreach activities must model RN Ambassador Program (for additional information on the RN Ambassador Program, visit cncc.org).

3. OUTREACH ACTIVITIES: List the outreach activities, locations, sponsors and the number of attendees for each event.

Name of Outreach Activity	Location	Sponsor	# of Attendees
1.			
2.			
3.			
4.			

4. INSTRUCTIONS

1. Fill out the nomination form completely and accurately — **please type or print.**
2. List outreach activities, locations, sponsor of event, number of attendees, and, if available, an evaluation of the event.
3. Have your manager and a colleague return the completed Recommendation Forms (included in packet) to the Coalition for Nursing Careers in California on your behalf on or before **April 6, 2007.**
4. **Please note: It is your responsibility to ensure that all materials are completed and submitted on time,** even if another individual or institution submits them on your behalf. Incomplete or late applications will not be considered.

5. CERTIFICATION



All of the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide substantiation of the information that I have given.

APPLICANT'S SIGNATURE

DATE

X



Coalition for Nursing Careers in California
 1800 Harrison Street, 17th Floor
 Oakland, CA 94612

MANAGER'S RECOMMENDATION FORM
 Annual RN Ambassador Award

RECOMMENDATION FOR: _____
Applicant's Name

This Recommendation is due April 6, 2007; please note that a late or incomplete Recommendation form will disqualify the applicant.

Recommender's Name: (please print) _____		
Title: (please print) _____		
Recommender's Signature _____	Date _____	() _____ Phone Number
Relationship to Applicant (please check one): <input type="checkbox"/> Manager <input type="checkbox"/> Colleague		
<input type="checkbox"/> Other (specify) _____		
How long have you known the applicant? _____		

To the Recommender: The Coalition for Nursing Careers in California (CNCC) is committed to achieving an adequate and diverse nursing workforce for the state of California. One of the Coalition's initiatives is the RN Ambassador Program that encourages community outreach by RNs to speak to groups about the many opportunities and rewards of a nursing career and why they chose nursing.

The purpose of this award is to recognize a nurse in California who demonstrates outstanding leadership, professionalism, stewardship, awareness of issues affecting the nursing professions and performs community outreach activities heralding careers in nursing.

Instructions to Recommender: Submit a Letter of Recommendation for the Applicant in narrative form describing leadership qualities, professionalism, stewardship, and awareness of issues affecting the nursing profession. Letter should not exceed one page.

Eligibility:

The RN Ambassador Award is designed to recognize nurses' active participation and commitment to nursing through outreach activities.

- ◆ Performs or participates in community outreach activities.
- ◆ Outreach activities must model RN Ambassador Program (for additional information on the RN Ambassador Program, visit www.cncc.org.)

Applicant:

- ◆ Have your manager return the completed Recommendations Forms (included in packet) to the Coalition for Nursing Careers in California on your behalf **NO LATER THAN April 6, 2007.**
- ◆ Include outreach activities on the Nomination form and, if available, an evaluation of the event. List the number of outreach presentations, locations, sponsor of event and audience metrics.

Submit your completed nomination and supplemental documents no later than **April 6, 2007** to:

COALITION FOR NURSING CAREERS IN CALIFORNIA
 1800 HARRISON STREET, 17TH FLOOR
 OAKLAND, CA 94612

We appreciate your taking the time to complete this Recommendation form on behalf of the applicant. If you have questions, please call the Coalition for Nursing Careers at (510) 625-5968.



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Applicant's Name

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Title: (please print) _____		
Recommender's Signature _____	Date _____	() _____ Phone Number
Relationship to Applicant (please check one): <input type="checkbox"/> Manager <input type="checkbox"/> Colleague		
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