New York State Association of School Nurses

Award for Excellence in School Nursing

Nomination Form

Name			
NYSASN Zone		*Zone Representative*	
Address (Street)			
(City, Town, Zip)			
Phone (home)			
Phone (work)			
Phone (cell)			
Email			
School District			
School Building		*Grade level:*	
Number of years in School Nursing			
Number of years as a member in NYSASN			
Other professional affiliations:			
Name, Title and Address of School Administrator:			

Nominated by:	**Date**:
Please state your reasons for nominating the candidate below:	

(Nominator must provide a statement regarding the nominee's qualifications for this award.)

The completed form and candidate biography should be returned to your Zone Representative by March 15th