



HALL OF FAME AWARD NOMINATION FORM

(Please PRINT or TYPE)

PART A To be completed by nominating KSNA Region President/Designee

NAME OF NOMINEE	
Title (✓)	<input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other (specify: _____)
Name (include credentials; first 5 will be used)	
Nominee is deceased (✓)	<input type="checkbox"/> Yes <input type="checkbox"/> No
NOMINATED BY	
Name of Region President/Designee	KSNA Region: _____
Signature of President/Designee	Date: _____

(Please PRINT or TYPE)

PART B To be completed by nominee. (For a deceased nominee, the nominating individual or KSNA Region President/Designee must complete this section.)

NOMINEE'S HOME ADDRESS	
Street/Apt.	
Address Line 2	
City, State, Zip	
Telephone (w/ area code)	
Fax Number (w/ area code)	
E-Mail Address:	
PRESENT EMPLOYER	
Nominee's Current Title/Position	
Employer's Name	
Street	
City, State, Zip	
Telephone (w/ area code)	
Fax Number (w/ area code)	
E-mail Address	
MEMBERSHIP INFORMATION	
I am (or the deceased nominee was) a member	<input type="checkbox"/> Yes <input type="checkbox"/> No
KSNA/ANA Membership Number	

Nominee's Name: _____

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PROFESSIONAL INFORMATION			
I (or the deceased nominee) am (was) employed as a staff nurse (✓)	<input type="checkbox"/> Yes <input type="checkbox"/> No (A staff nurse is defined as one who spends the majority of work time in a non-supervisory, non-management capacity and includes one or more of the following: 1) is employed by a health care institution or agency, 2) whose primary role is a provider of direct patient care, 3) is collective bargaining eligible under applicable labor law.)		
My (or the deceased nominee's) contribution was made before 1873 when no formal registered nursing training was available (✓)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
I (or the deceased nominee) have (had) worked in/ represented the United States or its territories (✓)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
EDUCATION (Begin with the highest degree earned)			
DEGREE/DIPLOMA	AREA OF STUDY	YEAR	EDUCATIONAL INSTITUTION
1.			
2.			
3.			
Concise description of nominee's demonstrated leadership that affected the health and/or social history of the KSNA/Kansas through sustained, lifelong contributions in or to nursing practice, education, administration, research, economics, or literature.			

Nominee's Name: _____

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Concise description of nominee's achievements that must have enduring value to nursing beyond the nominee's lifetime.

I hereby certify and agree to be considered a nominee for the KSNA Hall of Fame Award and that the contents of this nominee packet are true and accurate to the best of my knowledge.

Nominee's/Designee's Signature: _____ Date: _____

Nominee's Name: _____

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