

## State of Connecticut Nurse of the Year Nomination Form

Nominee's Name: \_\_\_\_\_

Nominee's agency and work address: \_\_\_\_\_

Nominee's work telephone number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Nominee's job title: \_\_\_\_\_

Years of State Service \_\_\_\_\_

Does your agency have more than 25 nurses?    YES            NO

Category being nominated for: Direct Care \_\_\_\_\_ Administration/Education \_\_\_\_\_

Your name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Work phone number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Please provide a narrative on how your nurse nominee demonstrates excellence in service.

**It is important to note that the nomination form is the key to advancing your candidate in this process. A well-written, detailed nomination with specific examples of excellent nursing care and/or education is paramount to getting state recognition for your agency's nurse.**

Please consider such areas as:

- Initiative – anticipating and responding to customer's needs
- Advocacy – exhibiting creativity and persistence when dealing with customer's needs and desires
- Team Support – taking risks in suggesting and implementing new team ideas
- Application of Nursing Theory – based on current nursing standards of practice
- Empathy, genuine concern, and flexibility – goes above and beyond

*Note:* Customers are patients, clients, co-workers, families, anyone a nurse contacts in performance of the job.

Type or print clearly two pages describing why your nominee should be the State of CT Nurse of the Year. Please be specific. **Return this form with attachment(s) to your agency Human Resources Administrator by 04/07/2008.** A celebration will be held May 12, 2008 in the Old Judiciary Room at the State Capitol honoring the State of Connecticut Nurse of the Year.

*Nominee must be employed by the State of CT.*

*No self-nominations will be accepted.*