

School Nurse of the Year Award
2010-11 Application



Name of Nurse: _____

School District: _____

Educational Background: _____

Biographical Sketch: Write a Paragraph or Two

Current Member of USNA? Yes No

Member of USNA for the Preceding Two Years? Yes No

At Least Five Years Experience as a School Nurse? Yes No

List Dates of Experience _____

The Committee Scores All Applicants According to the Nominee's Qualifications in the Following Areas of Nursing Practice Listed Below.
Please Write a Paragraph or Two On Each Area:

- Provider of Client Care
- Program Manager
- Health Education
- Professional Development
- Political/Legislative Activity
- Community Involvement
- Research

Maximum of Six Letters of Recommendation, Which Focus on the Above Seven Criterion.

Send Completed Application by March 1, 2011 to:

Mindy Coombs

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