

# School Nurse of the Year Award

## 2011-12 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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