

<https://www.coloradonursesfoundation.com/info-nominate-a-nurse>

**How to nominate a nurse**

1. Meet with the nominee to discuss the categories and areas of recognition
2. Determine which category of practice best identifies the nominee:
   * Category I: **Nurses in Clinical Practice** (50% or their time or above providing direct patient care)
   * Category II: **Administrators, Educators, Researchers, Non-Traditional Practice Roles** (other RN)
3. Determine area of recognition for the nominee and answer 6 to 7 questions regarding your nominee’s category/area of recognition.
   * **Advocacy** – advancing a cause or proposal
   * **Leadership** – motivating others to work toward a common goal
   * **Innovation** – demonstrating creativity that addresses today’s challenges/ opportunities
4. Identify two individuals to request a letter of support from (other than the nominator). These letters of support should address how the nominee has advanced the profession of nursing or has positively impacted his/her community. Be sure to share with the letter writers the **category** and **area of recognition** for your nominee
5. Be sure to nominate your nurse in the correct region! **Region** corresponds to **the county in which the nurse works**. If a nurse works in a facility, use the county in which the facility is located. If the nurse travels, use the county of the branch or office to which the nurse reports.

*NOTE: Centennial AHEC region includes Elbert, Kit Carson, Larimer, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld, and Yuma*

1. Nominators are encouraged to share their draft nominations with nurses and others for the purpose of strengthening the nominations, including ensuring the nominees have been entered in the proper categories. **Changes, if any, must be made with the consent of both the nominator and nominee, and these reviews must occur prior to the final regional submission deadline. No changes can be made to applications, including changing categories, after the regional submission deadlines.**

**Only COMPLETED/SUBMITTED nominations will be eligible for review for a Luminary Nightingale award.**

**TIPS**

* Firefox and Chrome are the preferred browsers for this software
* You may edit your entry after submitting, up until the entry deadline
* Please make sure all your personal details are entered accurately, including details, as this will be used in the awards presentation if selected as a finalist
* You can use the ‘copy’ feature to create a copy of your entry and change the category as required
* Have questions? Email us at support@civicamanagement.zendesk.com

**NOMINATION QUESTIONS**

**SECTION 1 (START):**

* Region: pick one based on the county where the nurse (nominee) works.
* Category & area of recognition (pick one):
* Nurse in Clinical Practice - Advocacy
* Nurse in Clinical Practice - Innovation
* Nurse in Clinical Practice - Leadership
* Nurse as Administrator, Educator, Researcher and/or Nontraditional Nurse Practice - Advocacy
* Nurse as Administrator, Educator, Researcher and/or Nontraditional Nurse Practice - Innovation
* Nurse as Administrator, Educator, Researcher and/or Nontraditional Nurse Practice - Leadership
* Nominee name

**SECTION II (NOMINATOR INFORMATION):**

* Are you nominating yourself? Yes/No
* If no, then:
  + Nominator's name
  + Nominator's employer
  + Nominator's title
  + Nominator's work phone
  + Nominator's cell phone
  + Nominator's email
  + Confirm nominator's email

**SECTION III (NOMINEE INFORMATION):**

For this section, we encourage you to work closely with your nominees.

* Nominee's home address
* Nominee's home address city
* Nominee's home address state
* Nominee's home address zip code
* Nominee's home/mobile phone
* Nominee's email address
* Confirm nominee's email address
* Nominee's employer
* Nominee's employer address
* Nominee's employer address city
* Nominee's employer address state
* Nominee's employer address zip
* Nominee's title
* Employer type (select all):

|  |  |  |
| --- | --- | --- |
| * Behavioral Health Clinic or Center * Case Management * College or University * Community Health Clinic or Center * Correctional Facility * Dialysis Clinic or Center * Doctor’s Office * Emergency Medical * Flight / Transport * Government | * Home Care * Hospice * Hospital, Specialty * Hospital, Traditional * Military * Nurse Practitioner Clinic or Center * Nursing Home * Occupational Health * Parish * Pharmaceutical | * Public Health / Public Health Agency * Quality and Safety * Research Center * School District, Private * School District, Public * Self-Employed * Skilled Nursing Facility * Other |

* Nominee currently works
* Full-time
* Part-time
* Retired
* Other (add below)
* Nominee's years in nursing practice
* Does the nominee currently hold a RN license? Yes/No
* In which state(s) is the nominee licensed?
* Degrees received (select all):

|  |  |
| --- | --- |
| * ASN - Associate of Science in Nursing * BSN - Bachelor of Science in Nursing * DNP - Doctor of Nursing Practice * DNSc - Doctor of Nursing Science * MBA - Master of Business Administration * MHA - Master of Health Administration | * MPA - Master of Public Administration * MPH - Master of Public Health * MSN - Master of Science in Nursing * ND - Doctor of Nursing * PhD - Doctor of Nursing Philosophy * Other * Other degrees received (optional) |

* Colleges attended
* Previous professional employment (nursing)
* Other relevant experience (optional)
* Professional organizational memberships
* Community service
* Nominee's current certifications (select all):

|  |  |  |
| --- | --- | --- |
| * Nurse Practitioner Certification: Acute Care NP * Nurse Practitioner Certification: Adult Nurse NP * Nurse Practitioner Certification: Adult-Gerontology Acute Care NP * Nurse Practitioner Certification: Adult-Gerontology Primary Care NP * Nurse Practitioner Certification: Adult Psychiatric–Mental Health NP * Nurse Practitioner Certification: Family NP * Nurse Practitioner Certification: Gerontological NP * Nurse Practitioner Certification: Pediatric Primary Care NP * Nurse Practitioner Certification: Psychiatric–Mental Health NP * Nurse Practitioner Certification: School NP * Specialty NP Certification: Diabetes Management—Advanced * Specialty NP Certification: Emergency NP * Clinical Nurse Specialist Certification: Adult Health CNS * Clinical Nurse Specialist Certification: Adult-Gerontology CNS * Clinical Nurse Specialist Certification: Adult Psychiatric–Mental Health CNS * Clinical Nurse Specialist Certification: Child/Adolescent Psychiatric–Mental Health CNS | * Clinical Nurse Specialist Certification: Gerontological CNS Clinical Nurse Specialist Certification: Home Health CNS * Clinical Nurse Specialist Certification: Pediatric CNS * Clinical Nurse Specialist Certification: Public/Community Health CNS * Clinical Nurse Specialist Certification: Specialty CNS - CNS Core * Clinical Nurse Specialist Certification: Specialty CNS - Diabetes * Management—Advanced * Specialty Certification: Ambulatory Care Nursing * Specialty Certification: Cardiac Rehabilitation Nursing * Specialty Certification: Cardiac-Vascular Nursing * Specialty Certification: Certified Vascular Nursing * Specialty Certification: College Health Nursing * Specialty Certification: Community Health Nursing * Specialty Certification: Diabetes Management—Advanced * Specialty Certification: Faith Community Nursing * Specialty Certification: Forensic Nursing—Advanced * Specialty Certification: General Nursing Practice * Specialty Certification: Genetics Nursing—Advanced | * Specialty Certification: Gerontological Nursing Specialty Certification: Hemostasis Nursing * Specialty Certification: Home Health Nursing * Specialty Certification: Informatics Nursing * Specialty Certification: Medical-Surgical Nursing * Specialty Certification: Nurse Executive * Specialty Certification: Nurse Executive—Advanced * Specialty Certification: Nursing Case Management * Specialty Certification: Nursing Professional Development * Specialty Certification: Pain Management Nursing * Specialty Certification: Pediatric Nursing * Specialty Certification: Perinatal Nursing * Specialty Certification: Psychiatric-Mental Health Nursing * Specialty Certification: Public Health Nursing—Advanced * Specialty Certification: Rheumatology Nursing * Specialty Certification: School Nursing * Other certifications held (optional) |

**SECTION IV (APPLICATION QUESTIONS):**

For this section, we encourage you to work closely with your nominees.

Area of recognition:

* Leadership is motivating others to work toward a common goal.
* Innovation is demonstrating creativity that addresses today's challenges/opportunities.
* Advocacy is advancing a cause or proposal.

**SECTION IV A: Leadership**

* What is the leadership role of the nominee? (150 words)
* What issue was the leader addressing? (150 words)
* What was the specific leadership taken and what was the goal to be accomplished? (150 words)
* What was the outcome related to the goal? (150 words)
* How will the outcome be sustained? (150 words)
* How did this activity improve the quality of patient care and/or the health care environment? (150 words)
* Additional comments related to leadership (optional) (200 words)

**SECTION IV B: Innovation**

* What was the specific innovation created by the nominee? (150 words)
* What was the identified issue leading to the innovation? (150 words)
* How did the innovation address the issue? (150 words)
* What was the outcome of implementing the innovation? (150 words)
* How will the outcome be sustained? (150 words)
* How did this activity improve the quality of patient care and/or the health care environment? (150 words)
* Additional comments related to innovation (optional) (200 words)

**SECTION IV C: Advocacy**

* What person, group or community needed advocacy to address an issue? (150 words)
* What actions were taken by the nominee to advocate for this issue? 150 words)
* What was the outcome of the advocacy action? 9150 words)
* How will the outcome be sustained? (150 words)
* How did this activity improve the quality of patient care and/or the health care environment? (150 words)
* Additional comments related to advocacy (optional) (200 words)

**SECTION V (LETTERS OF SUPPORT):**

* Please upload two and only two support letters from people who know the nominee (but are neither the nominator or the nominee)
* Both support letters should address how the nominee has advanced the profession of nursing or has positively impacted his/her community through advocacy, leadership or innovation
* Nominators are free to share their draft applications with persons asked to write support letters
* Each support letter should be kept to one typewritten page of not more than 500 words
* Upload JPEG, PDF or Word document files only. Maximum file size is 5MB per upload.