

AzPANA Eileen F. Dalton Memorial Excellence in Clinical Practice Award Clinical Practice Award 2024

NOMINATION PACKET

To recognize and support excellence in clinical nursing practice in perianesthesia nursing.

⌘ Award Criteria ⌘

- ⌘ A current Active Category member of ASPAN and a component **for the past one(1) full years** immediately prior to the nomination deadline.
- ⌘ Registered nurse currently involved in the direct care of perianesthesia patients whose clinical practice is consistent with the standards of ASPAN.
- ⌘ Minimum three (3) years' direct care experience in perianesthesia nursing.
- ⌘ A practitioner whose practice exemplifies a high-level of compassion and specialty expertise documented by peers and/or patients/families as validated by two (2) letters of reference.
- ⌘ A practitioner who is a recognized expert in clinical nursing practice as shown by his/her contributions to and support of perianesthesia nursing.
- ⌘ Participates actively in nursing projects resulting in contributions to perianesthesia nursing.

Contributions and activities used in the evaluation process for the award must have been completed within the past five (5) years.

⌘ Award Description ⌘

Engraved Crystal Plaque

Complimentary registration to the 2024 ASPAN National Conference (non-transferable)

Announcement in the AzPANA website

Complimentary ASPAN/AzPANA one (1) year membership

Nomination Deadline: Postmarked or date-stamped no later than March 30, 2023.

AzPANA Excellence in Clinical Practice Award

2023 NOMINATION FORM

(All information is mandatory)

Nominee's Name and Nursing Degrees / Credentials	
Home Address	
City / State / Zip Code	
Email address	
Home Phone (with area code)	
Work Phone (with area code)	
Name of Nominee's Employer, City, State	
Nominee's Position / # of Years	



Your Name as Nominator	
Home Address	
City / State / Zip Code	
Email address	
Daytime Phone (with area code)	
Signature/credentials	

Excellence in Clinical Practice Award

NOMINATION CRITERIA

*To qualify, nominees **must meet all** of the following criteria.
Please answer 'yes' or 'no.'*

Contributions and activities used in the evaluation process for the award must have been completed within the past FIVE (5) years.

Yes	No	A current Active Category member of ASPAN and a component for the past one (1) full years immediately prior to the nomination deadline of March 30, 2023
Yes	No	Registered nurse currently involved in the direct care of perianesthesia patients whose clinical practice is consistent with the standards of ASPAN.
Yes	No	Minimum of five years' direct care experience in perianesthesia nursing.
Yes	No	A practitioner whose practice exemplifies a high level of compassion and specialty expertise documented by peers and/or patients/families as validated by two (2) letters of reference.
Yes	No	A practitioner who is a recognized expert in clinical nursing practice as shown by his/her contributions to and support of perianesthesia nursing.

Instructions for nomination submission:

- ***Current members of AzPANA's Board of Directors are not eligible for nomination.***
- ***All submitted forms must be typed or computer-generated.***
- ***Submit one completed Nomination Form and two (2) Letters of Reference (from two different people – one may be the nominator.)***
- ***Nomination deadline is March 30, 2023.***
- ***Email required nomination forms to Jessica Gentes AzPANA President @ gentes42@hotmail.com - or - mail to:***
Jessica Gentes
270 S San Luis Rey Trail
Casa Grande, Arizona, 85194



For Office Use Only

Nominee # _____ ASPAN Mbr # _____

ASPAN

Excellence in Clinical Practice Award

LETTERS OF REFERENCE INSTRUCTIONS

TWO LETTERS OF REFERENCE

MUST ACCOMPANY THE NOMINATION FORM

- Include the nominee's full name and credentials.
- Describe why and how your nominee qualifies for the Excellence in Clinical Practice Award by addressing the criteria for nomination.
- Letters of reference must be typed, or computer-generated, and signed by the author.
- One of the letters of reference may be from the nominator.
- Letter of reference authors must include his or her: name, address, city, state, zip, daytime phone number with area code, preferred email address, employer's name, position, number of years in position.
- Do not send any additional material concerning the nominee with this nomination packet other than what is requested.
- Additional material will not be reviewed and will be discarded.