



**EL PASO COUNTY MEDICAL SOCIETY
TED T. LEWIS, M.D.
EXCELLENCE IN PROFESSIONAL NURSING AWARDS**

For 27 years the El Paso County Medical Society Excellence in Professional Nursing Awards has been a treasured demonstration of our members' respect for their nurse colleagues. Please take a few minutes to nominate the nurse you feel should be a 2017 winner.

Go to www.epcms.org

****IMPORTANT: You must download and save this document to your computer first before you can use the editable fields.**

Eligibility for Awards: *Nominee must be in good standings with DORA and must have a reference letter from a physician who is a member of the El Paso County Medical Society.* The nomination form must be returned to El Paso County Medical Society **NLT September 30, 2017 via fax 719-591-5649 or e-mail epcms@epcms.org.** The award winners will be chosen by the EPCMS Excellence in Professional Nursing Awards committee.

The following must be included with the nomination form:

- Nominee's resume is required
- A reference letter from a physician who is a member of EPCMS (It must be signed and dated)
- A current photo of the nominee (Please do not send a group photo)
- Nominee must meet each criteria specified on the nomination form
- The narrative portion must be completed for each section and boxes checked as appropriate
- Supporting material may be attached if desired
- If more room is required for narrative portion, you may attach a separate page
- Form must be signed and dated to indicate that nominator has validated all information

In honor of their achievement, recipients will receive the following:

- A crystal award that will be presented on stage in front of friends, family and colleagues at the January 17, 2018 EPCMS Physician Connection
- Recognition in *The EPCMS Newsletter* and on www.epcms.org
- Recognition in press releases to local and state outlets

Name of Nominator _____ Title _____

Organization _____ Phone Number _____

E-mail address _____ Relationship to nominee _____

Name of Physician who is providing the reference letter _____

Physician's E-mail address _____

Physician's Business Address _____



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NOMINATION FORM

Nominated by _____

I am proud to nominate the following Nurse for the Excellence in Professional Nursing Award.

Full Name of Nominee: _____

Nominee's Specialty Certification(s) (i.e. LPN, RN, BSN, MSN, CCRN) _____

Nominee's Home Address _____

Street

City

Zip

Nominee's place of employment _____ Start Date _____

Nominee's phone number _____ Nominee's email _____

Nominee's Immediate Supervisor's Name and Signature: _____

(Serves as validation of employment date above.)

Remember that you must download and save this document to your computer first before you can use the editable fields.

A. Nominee is primarily involved in direct patient care through (check all that apply)

Facility Clinic Private Practice Other: _____

B. Is the Nominee in good standing with DORA and Employer? : Yes No Date verified _____

C. Must enclose a current photo of the nominee.

D. Demonstrates excellence in nursing care for patients and their families. (Provide specific examples; 500 word maximum.)

E. Acts as a patient advocate in promoting patient satisfaction. (Provide specific examples; 500 word maximum.)

F. Initiates formal and informal teaching activities with patients, families, and colleagues. (Provide specific examples; 500 word maximum.)

G. Promotes and initiates positive, proactive problem solving processes through negotiation and collaboration with colleagues of all disciplines. (Provide specific examples; 500 word maximum.)

H. Maintains professionalism that promotes a positive image of nursing. (Provide specific examples; 500 word maximum.)

I. Participates in professional growth and activities. (Provide specific examples; 500 word maximum.)

J. Demonstrates community involvement. (Provide specific examples; 500 word maximum.)
