**NOMINATION FORM - NPAA AWARDS**

**Name/Title of NOMINATOR**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City, State, Zip**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email Address** (Required):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOMINEE: Name/Title of Nominee**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Award Nominated**: (check award)

\_\_\_\_\_ Alabama Nurse Practitioner of the Year

\_\_\_\_\_ Rising Star Award

\_\_\_\_\_ Power of One

\_\_\_\_\_Preceptor of the Year Award

\_\_\_\_\_NP Student Leadership Award (see additional nomination requirement)

\_\_\_\_\_Outstanding Faculty Award

**Contact Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
**City, State, Zip**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email Address**: (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Submission Checklist:***

\_\_\_\_\_Completed Nomination Form (required)

\_\_\_\_\_Letter of Support (required)  
  
\_\_\_\_\_Resume/Curriculum vita of the nominee (required)   
  
\_\_\_\_\_Supporting materials (optional letters of support-limit of two supporting documents)   
**Email completed submission to:** admin@npalliacealabama.org