

DAORN AWARDS LETTER OF ENDORSEMENT

NAME OF SPONSOR:

PHONE NUMBER:

Briefly describe specific examples of applicant's knowledge and skill in relation to the award for which the applicant is being nominated.

Cite specific examples of the nominee's accomplishments in relation to the award for which the applicant is being nominated.

Describe the impact and outcome of these accomplishments on perioperative nursing and on the professional development of nominee and others.

**DENVER ASSOCIATION OF OPERATING ROOM NURSES
OUTSTANDING PERIOPERATIVE PRACTICE AWARDS**

NOMINATION FORM

NOMINATOR INSTRUCTIONS

1. Complete the nomination form.
2. Obtain two (2) letters of endorsement of which one may be by the nominator. (See back)
3. Mail completed nomination materials to: Chair, DAORN Awards Committee by April chapter meeting.

APPLICANT INFORMATION

1. PERSONAL INFORMATION:

Name:
Address:
Home Phone:
Work Address:
Work Phone:

2. YEARS IN PERIOPERATIVE NURSING:
3. NUMBER OF CONGRESSES ATTENDED:
4. DEGREE(S):
5. CURRENT CNOR CERTIFICATION: yes_____ no_____ Exp. Date_____
6. LIST THE AORN SPECIALTY ASSEMBLIES/STATE COUNCILS IN WHICH THE CANDIDATE HAS MEMBERSHIP:
7. OTHER PROFESSIONAL ORGANIZATIONS:
8. RECOGNITION/AWARDS:
9. PUBLICATIONS PRESENTATIONS: (Use another sheet if necessary)
10. COMMUNITY/CIVIC ACTIVITIES:

AWARD (Choose One): Clinical_____ Education_____ Leadership_____

Deadline April 30, 2016

Return to:

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