**NC AWHONN’s “Front-Line Hero” Award  
Nomination Form**

**The purpose of this award is to recognize an individual’s significant contribution in a healthcare organization and/or to the nursing profession. This award is for colleagues providing direct patient care at least 75% of the time. The nominee must be a member of AWHONN.**

**Name of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please provide specifics under the appropriate criterion as to how the nominee has demonstrated the characteristics of commitment, dedication, passion, and enthusiasm for improving care delivery as a nursing professional. If additional space is needed, please attach separate sheet. All applications must be typed and Curriculum Vitae, bios, and/or resumes will be accepted as supplemental documents for review.**

1. **Describe in one sentence the applicant’s current role** (include percentage of time spent in direct patient care).
2. **Bulleted list of service to healthcare organizations** (e.g., promotes practice guidelines, leadership at the unit/facility level, special professional awards)
3. **Bulleted list of service to AWHONN or other Nursing association(s)** (e.g., AWHONN or other nursing organization member, AWHONN board representative, National AWHONN participation)
4. **Bulleted list of contributions to patient care and promotion of well-being (**e.g., positive patient experiences and accolades, implementation of unit-based care initiatives impacting patient outcomes, unit/facility-based committee work to advance practice)
5. **Bulleted list of educational leadership** (e.g., presenter at the local, state, national level; instructor for local college/university, instructors for NRP, STABLE, BLS, etc.)
6. **Bulleted list of professional development activities** (e.g., formal mentoring/precepting, certification in specialty area, advanced degrees)
7. **Bulleted list of community service** (e.g., volunteer for community projects, leader of community projects such as community baby shower, community breastfeeding events, creator of annual/continuous community project, or mission trips in the last 3 years,)
8. **Bulleted list of any publications** (e.g., formal and informal publications to include newsletter, Op-Ed article, etc. provide citation for formal publication)

**Nominator(s) Name(s):**

**Telephone: Email Address:**

**Date: ­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email the Nomination Form to [AWHONN.North.Carolina@gmail.com](mailto:AWHONN.North.Carolina@gmail.com)

Please put “AWHONN Award nomination” in the subject line

**The Deadline for nominations is January 15, 2023 at 11:59 pm.**

**\*\*The recipient will be announced at the**

**2023 NC AWHONN Annual Conference\*\***