**NC AWHONN’s Nursing Legacy Award
Nomination Form**

**The purpose of this award is to recognize an individual’s significant, extraordinary contribution to the nursing profession, sustained over the course of their career. 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, as handwritten applications will not be accepted. Please also submit a Curriculum Vitae, bios, and/or resumes as supplemental documents for review.**

1. **Advocates for optimal care of women and newborns through leadership efforts, which translate to system change.**
2. **History of individual contribution to promote the profession of women’s or newborn’s health nursing within a system, culture, or division.**
3. **History of individual contribution to promote women’s or newborn’s health nursing on the local, state, or federal political arenas beyond employment requirements.**
4. **Utilizes a multidisciplinary approach, lead and champion change, quality improvement, and implement evidence-based practice in a clinical or community setting.**
5. **Contribution to the body of knowledge** (e.g., consultant, develop program or initiative, resource person in area of specialty, published work)
6. **Promotes excellence in others, such as encouraging opportunities for professional growth and/or evidenced based practice.**
7. **Describe the advocacy or leadership contribution which promotes AWHONN’s mission.**

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

**Telephone: Email Address:**

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

Email the Nomination Form to AWHONN.North.Carolina@gmail.com

Please state “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\*\***