**PHILIPPINE NURSES ASSOCIATION OF GREATER KANSAS CITY NURSING EXCELLENCE AWARD NOMINATION FORM**

**2024**



1. **Name of Applicant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credentials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number (Home) (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_ (Work) (\_\_\_\_\_\_\_) \_***\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Cell Phone*: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_*FAX: *(\_\_\_\_\_\_)* \_\_\_\_\_\_\_\_\_\_\_E-mail*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Number of years as PNAGKC member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business/Employer Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Type of award the nominee should be considered. Check one**.

|  |  |  |
| --- | --- | --- |
|  Clinical Staff Nurse  |  Nurse Educator  |  Nurse Informatics  |
|  Nurse Administrator  |  Community Service  |  Nurse Entrepreneur  |
|  Nursing Researcher  |  Advanced Practice Nurse  |   |

Note:

* 1. A recipient of the PNAGKC Award can be re-nominated only to a different Category after two

(2) years from the date of his/her award acceptance.

* 1. Nurses who are currently practicing in Advanced Clinical field of nursing with the role of either, a Certified Registered Nurse Anesthetist (CRNA), Clinical Nurse Specialist (CNS), Certified Nurse Practitioner (CNP), or a Certified Nurse Midwives (CNM) must consider the Advanced Practice Nurse Category instead of the Clinical Staff Nurse Category.

* 1. A Clinical Staff Nurse Category must be for those currently practicing as a staff nurse in a clinical field of nursing, either in the hospital, skilled facility, outpatient clinics, and/or community/public health setting.

* 1. Members of the Awards Committee are ineligible for nomination.

1. **Justification**:
	1. In more specific terms, please indicate below why you think your nominee deserves the award.
	2. The applicant must check selection in the scoring tool as it applies and attach evidence. To be considered as potential awardees, the applicant must have **equal or greater than (>) 65 points in each category**.
	3. Indicate only the significant achievements or outstanding contributions of the nominee in the particular award category, **and sustained involvement with PNAGKC.** (*no more than 150 words*) D. All documents must be submitted electronically.
	4. Please include bio-data/curriculum vitae and a 2 x 2 size photo, and all supporting documents in word format paying close attention to the required dates.
	5. If chosen for the award, your physical presence is required to attend the PNAGKC Gala for presentation of the award.

1. **Attestation**: I attest to all facts contained in this form and give permission for said facts to be verified and/or used for publication.

#  X X

 Signature of Nominee Date

 **5. Nomination:**

I wish to nominate the person mentioned.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Nominator

 Nominator’s Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone (H) (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell Phone: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_FAX: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deadline of Submission Electronically:** **On or before March 2, 2024**

Please send completed documents electronically to:

**Maggie Figueroa RN- Awards Committee Chairperson**

**Cell: (816) 520-7615**

**Email: icu\_ccurn@yahoo.com**



**PHILIPPINE NURSES ASSOCIATION OF GREATER KANSAS CITY**

## PHOTO RELEASE CONSENT

I authorize the PNAGKC AWARDS COMMITTEE to publish the attached photograph

 I further consent that the above can be used by the AWARDS Committee for

* Publication
* As part of an exhibit
* As a part of a visual presentation

I waive any right to compensation for the above uses. I hold the PNAGKC harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

Furthermore, the photograph hereby submitted becomes a property of PNAGKC and I will not in any way claim or demand for its return.

The term “photograph” as used in this agreement, shall mean motion picture or still photography in any format, as well as videotape, video disc and any other mechanical means of recording and reproducing images.

#  X X

 Signature Date

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attach a most recent official photo of the candidate.**

 **(Passport- size (2x2), black and white, or colored photo accepted)**

**\*This form must be submitted electronically with the completed PNAGKC nomination form.**



**CRITERIA FOR NURSING EXCELLENCE AWARDS**

##  Category I: Clinical Staff Nurse of the Year

1. Nominee must be a paid member of PNAGKC for at least two (2) years and in good standing. A letter of validation indicating the number of years is required either from the PNAGKC President or membership chair.
2. Must have attended two (2) or more general assembly meetings in last two (2) years.
3. Must be currently practicing in a clinical field of nursing for at least two (2) years, and currently licensed in the U.S. (R.N.)
4. Must have been recognized for significant contributions in nursing practice with PNAGKC within five (5) years.
5. Certificate of recognition for meritorious contributions to the practice of nursing within five

(5) years.

1. Must maintain current practice, either through formal or continuing education

## Category II: Nurse Administrator/Manager of the Year

1. Nominee must be a paid member of PNAGKC for at least two (2) years and in good standing. A letter of validation indicating the number of years is required either from the PNAGKC President or membership chair.
2. Must have attended two (2) or more general assembly meetings in the last two 2 years.
3. Must have held the position of Administrator, Director, or Manager for at least two (2) years and currently licensed in the U.S. (R.N.)
4. Must have demonstrated innovative leadership practice in any healthcare setting (acute, ambulatory, community, long term facility) within five (5) years.
5. Must have been recognized for significant contributions in management and leadership either by employment or with other professional organization.
6. Must maintain current practice, either through formal or continuing education.

## Category III: Nurse Researcher of the Year

1. Nominee must be a paid member of PNAGKC member for at least two (2) years and in good standing. A letter of validation indicating the number of years is required either from the PNAGKC president or Membership Chair.
2. Must have attended two (2) or more general assembly meetings in the last two 2 years.
3. Must be currently practicing in a field of nursing preferably nursing research for at least two

(2) years and currently licensed in the U.S. (R.N.)

1. Must be a principal or co-investigator of a completed study or project in a health care setting. A copy of abstract required for every research study.
2. Must have been recognized for significant contributions in nursing research with your Hospital or Skilled Nursing Facility or other professional organization or with PNAGKC within five (5) years.
3. Must maintain current practice either through formal or continuing education.

## Category IV: Nurse Educator of the Year

1. Nominee must be a paid member of PNAGKC for at least two (2) years and in good standing. A letter of validation indicating the number of years is required either from the PNAGKC President or Membership Chair.
2. Must have attended two (2) or more general assembly meetings in the last two (2) years.
3. Must be a faculty in a School or College of Nursing, In-service/Continuing Education for two (2) years in the U.S.
4. Must have a significant contribution in nursing education, or have been involved in educational activities for PNAGKC as an organizer or lecturer within five (5) years.
5. Certificate of recognition for significant contribution in the field of nursing education within five (5) years
6. Must maintain current practice either through formal or continuing education.

## Category V: Community Service

1. Nominee must be a paid member of PNAGKC for at least two (2) years and in good standing. A letter of validation indicating the number of years is required either the PNAGKC President or membership chair.
2. Must have attended two (2) or more general assembly meetings in the last two (2) years.
3. Must have been actively involved in a well- established professional, civic, or community organizations. Indicate the name of organizations.
4. Must have been recognized for a significant contribution in enhancing the image and the quality of life in Filipino- American community within five (5) years. E. Must have attended nursing continuing educational program.

## Category VI: Advance Practice Nurse

1. Nominee must be a paid member of PNAGKC for at least two (2) years and in good standing. A letter of validation indicating the number of years is required either the PNAGKC President or membership chair.
2. Must have attended two (2) or more general assembly meetings in the last two (2) years.
3. Must be currently practicing in Advance Clinical field of nursing with the role of either as the Certified Registered Nurse Anesthetist (CRNA), Clinical Nurse Specialist (CNS), Certified Nurse Practitioner (CNP), and Certified Nurse Midwives (CNM) for at least two (2) years and currently licensed in the U.S. (RN).
4. Must have made significant contribution through development of innovative ideas and programs to improve patient care, nursing practice, health promotion and disease prevention within five (5) years.
5. Must have been recognized for meritorious contributions in the advanced practice nurse role, including, but not limited to, promoting and increasing health care access, providing primary care prevention either in practice or in health fairs, author in nursing or healthcare publications or journals, participating in research that has contributed to the Advanced Practice Nurse role in general..
6. Must maintain current practice either through formal or continuing education.

## Category VII: Nursing Informatics

1. Nominee must be a paid member of PNAGKC for at least two (2) years and in good standing. A letter of validation indicating the number of years is required either from the PNAGKC President or membership chair.
2. Must have attended two (2) or more general assembly meetings in the last two (2) years.
3. Must be currently practicing in a field of nursing informatics for two (2) years and/or has served as nursing informatics leader of an outstanding healthcare organization, and currently licensed in the U.S. (R.N.)
4. Must have demonstrated knowledge of systems design to support clinical technology used by all healthcare provider
5. Must show significant contribution in managing the integration of nursing science, computer science and information science in the improvement of practice within five (5) years. G. Must maintain current practice either through formal or continuing education.

## Category VIII: Nurse Entrepreneur

1. Nominee must be a paid member of PNAGKC for at least two (2) years and in good standing. A letter of validation indicating the number of years is required either from the PNAGKC President or membership chair.
2. Must have attended two (2) or more general assembly meetings in the last two (2) years.
3. Must be engaged in health- related enterprise for at least two (2) years. Indicate the name of the company and place of operation. Must be licensed in the U.S. (R.N.).
4. Must have a significant contribution to the professional and personal growth, socioeconomic well-being of the person(s) and the community through employment opportunities within five (5) years.E. Certificate of recognition for significant contributions in the field of nursing within five (5) years.



## SCORE SHEET

**CATEGORY I – CLINICAL NURSE**

### Candidate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Instructions: Applicant must check selection as it applies and attach evidence (CV not considered). Validator must validate both selection and evidence. To be considered as potential awardee/applicant must have > 65 points)

|  |  |  |  |
| --- | --- | --- | --- |
| **SCO****RE**  | **MAXI****MUM** **POINT****S**  | **CATEGORY 1: Clinical Nurse of the Year**  | **REMA****RKS**  |
|  | **5**  | **A. Nominee must be a paid member of PNAGKC for at least two (2) years and in good standing. A letter of validation indicating the number of years is required either from the Chapter President or Membership Chair.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITERIA** **(Select one)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |
| 2-5 year membership  | 2  |   |   |
| 6-10 year membership  | 5  |   |   |

 |  |
|  | **5**  | **B. Must be currently practicing in a clinical field of nursing for at least two (2) years, and currently licensed in the U.S. (RN)**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITERIA** **(Select One)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |
| 2-5 years clinical experience  | 2  |   |   |
| 6-10 years clinical experience  | 5  |   |   |

 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SCO****RE**  | **MAXI****MUM** **POINT****S**  | **CATEGORY 1: Clinical Nurse of the Year**  | **REMA****RKS**  |
|  | **35**  | **C. Must have been recognized for significant contributions in nursing practice with PNAGKC for five (5) years.**

|  |  |  |  |
| --- | --- | --- | --- |
| CRITERIA (Select all that applies)  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |
| Contributions in general –local facility/ healthcare institution, civic organization or PNAGKC. (5 points/contribution maximum 30 points)  | Total contributions = Total Points =  |   |   |
| Contributions in PNAA or other organizations with national impact  (4 points/contribution maximum 20 points)  | Total contributions = Total Points =  |   |   |
| Contributions in nursing with international impact (3 points/contribution maximum 15 points)  | Total contributions = Total Points =  |   |   |

 |  |
|  | **35**  | **D. Must have been recognized for meritorious contributions to the practice of nursing within five (5) years.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITERIA** **(Select all that applies)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |
| Certificate of appreciation in the local facility, local professional organization or Affiliate Chapter (5 points each maximum 30 points)  | Total Recognitions = Total Points =  |   |   |
| Certificate of recognition/award from PNAA or other professional organization with national impact Team leader or committee member of your Hospital/Skilled Nursing Facility that works towards the implementation of the Institute Of Medicine Future of Nursing recommendations (4 point each maximum 20 points).  | Total Recognitions = Total Points =  |   |   |
| Certificate of recognition for contributions with international/global impact in nursing (3 points each maximum 15 points)  | Total Recognitions = Total Points =  |   |   |

 |  |
| **SCO****RE**  | **MAXI****MUM** **POINT****S**  | **CATEGORY 1: Clinical Nurse of the Year**  | **REMA****RKS**  |
|  | 20  | **E. Must maintain current practice either through formal or continuing education.**

|  |  |  |  |
| --- | --- | --- | --- |
| CRITERIA (Select One)  | POINTS   | BY APPLICANT  | BY VALIDATOR  |
| Annual Contact hour (1 point for every 4 contact hours. This must be current within the last 2 years).  | 1 2 3 4 5 6 7 8 9 10 11 12 (16 points maximum)  |   |   |
| Specialty certification must be active, i.e. CCRN, CPAN, etc.  | 3  |   |   |
| Completed Master’s degree or currently enrolled  | 3  |   |   |
| Completed doctoral program or currently enrolled  | 2  |   |   |

 |   |
| **Tot****al**  | **Total** **100**  | Evaluator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |



|  |  |  |  |
| --- | --- | --- | --- |
| **SC****OR****E**  | **MAX****IMU****M** **POIN****TS**  | **CATEGORY II: NURSE ADMINISTRATOR/MANAGER OF THE YEAR**  | **REMARKS**  |
|  | **5**  | **A. Nominee must be a paid member of PNAGKC for at least two (2) years and in good standing. A letter of validation indicating the number of years is required either from the Chapter President or membership chairperson.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITERIA** **(Select one)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |
| 2–5 years membership  | 2  |   |   |
| 6-10 years membership  | 5  |   |   |

 |  |

#### SCORE SHEET CATEGORY II – NURSE ADMINISTRATOR/MANAGER

### Candidate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Instructions: Applicant must check selection as it applies and attach evidence (CV not considered). Validator must validate both selection and evidence. To be considered as potential awardee, the applicant must have > 65 points).

|  |  |  |  |
| --- | --- | --- | --- |
| **SC****OR****E**  | **MAX****IMU****M** **POIN****TS**  | **CATEGORY II: NURSE ADMINISTRATOR/MANAGER OF THE YEAR**  | **REMARKS**  |
|  | **5**  | **B. Must be currently practicing in a field of nursing and must have occupied the position of Administrator, Director, or Manager for at least two (2) years, currently licensed in the U.S. (RN)**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITERIA** **(Select One)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |
| 2-5 years of leadership/management experience  | 2  |   |   |
| 6-10 years of leadership/management experience  | 5  |   |   |

 |  |
|  | **35**  |  **C. Must have demonstrated innovative leadership practice in any healthcare setting (acute, ambulatory, community, long term facility, nursing school) within five (5) years.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITERIA** **(Select all that applies)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |
| Contributions in general –local facility/ healthcare institution, or Affiliate Chapter (5 points per contribution maximum 30 points)  | Total Contributions = Total Points =  |   |   |
| Contributions in PNAA or other organizations with national impact (4 points per contribution maximum 20 points)  | Total Contributions = Total Points =  |   |   |
| Contributions in nursing with international impact (3 points per contribution maximum 15 points)  | Total Contributions = Total Points =  |   |   |

 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SC****OR****E**  | **MAX****IMU****M** **POIN****TS**  | **CATEGORY II: NURSE ADMINISTRATOR/MANAGER OF THE YEAR**  | **REMARKS**  |
|  | **35**  | **D. Must have been recognized for significant contributions to leadership/management within five (5) years.**  |  |
|  | **CRITERIA** **(Select all that applies)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |  |
| Certificate of appreciation in the local facility, local professional organization or PNAGKC (5points each maximum 30 points)  | Total Recognitions = Total Points =  |   |   |
| Certificate of recognition/award from PNAA or other contributions with national impact Team leader or committee member of your Hospital/Skilled Nursing Facility that works towards the implementation of the Institute of Medicine Future of Nursing recommendations  (4 points each maximum 20 points)  | Total Recognitions = Total Points =  |   |   |
| Certificate of recognition for contributions with international/global impact in nursing (3 points each maximum 15 points)  | Total Recognitions = Total Points =  |   |   |
|  | **20**  | **E. Must maintain current practice either through formal or continuing education.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITERIA** **(Select One)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATO****R**  |
| Annual Contact hour (1 point for every 4 contact hours. This must be current within the last 2 years).  | 1 2 3 4 5 6 7 8 9 10 11 12 (16 points maximum)  |   |   |
| Specialty certification must be active, i.e. CCRN, CPAN, etc.  | 3  |   |   |
| Completed Master’s degree or currently enrolled  | 5  |   |   |
| Completed doctoral program or currently enrolled  | 5  |   |   |

 |  |
| **To****tal**  | **Total** **100**  | **Evaluator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |



#### SCORE SHEET CATEGORY III – NURSE RESEARCHER

|  |  |  |
| --- | --- | --- |
| **SCOR****E**  | **MAX****IMU****M** **POIN****TS**  | **CATEGORY III: NURSE RESEARCHER OF THE YEAR**  |
|  | **5**  | **A. Nominee must be a paid member of PNAGKC for at least two (2) years and in good standing. A letter of validation indicating the number of years is required either from the Affiliate Chapter or the PNAA membership chairperson.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITERIA** **(Select one)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |
| 2-5 year membership  | 2  |   |   |
| 6-10 years membership  | 5  |   |   |

 |

### Candidate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Instructions: Applicant must check selection as it applies and attach evidence (CV not considered). Validator must validate both selection and evidence. To be considered as potential awardee, the applicant must have > 65 points)

|  |  |  |
| --- | --- | --- |
| **SCOR****E**  | **MAX****IMU****M** **POIN****TS**  | **CATEGORY III: NURSE RESEARCHER OF THE YEAR**  |
|  | **5**  | **B. Must be currently practicing in a field of nursing preferably nursing research for at least two (2) years, currently licensed in the U.S. (R.N.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITERIA** **(Select One)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |
| 2-5 years of research experience  | 2  |   |   |
| 6-10 years of research experience  | 5  |   |   |

 |
|  | **35**  | **C. Must be a principal or co-investigator of a completed study or project in a health care setting. A copy of abstract required for every research study.**  |
|  | **CRITERIA** **(Select all that applies)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |  |
| Poster Presentation: 7 points each within the last 3 years  | Total Poster= Total Points =  |   |   |
| Poster Presentation: 4 point each within 4-5 years  | Total Poster= Total Points =  |   |   |
| Completed research study/grants10+ years ago (2 point each)  | Total Studies= Total Points =  |   |   |
| Completed research study/grants 7-9 years ago (4 point each)  | Total Studies= Total Points =  |   |   |
| Completed research study/grants 5-6 years ago (6 points each)  | Total Studies= Total Points =  |   |   |
| Completed research study/grants 3-4 years ago (8 points each)  | Total Studies= Total Points =  |   |   |
| Completed research study/grants 1-2 years ago (10 points each)  | Total Studies= Total Points =  |   |   |

|  |  |  |
| --- | --- | --- |
| **SCOR****E**  | **MAX****IMU****M** **POIN****TS**  | **CATEGORY III: NURSE RESEARCHER OF THE YEAR**  |
|  | **35**  | **D. Must have been recognized for significant contributions through research to the practice of nursing in general within five (5) years.**  |
|  | **CRITERIA** **(Select all that applies)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |  |
| Certificate of appreciation in the local facility, local professional organization or PNAGKC (5 points each maximum 30 points)  | Total Recognitions = Total Points =  |   |   |
| Certificate of recognition/award from PNAA or other organization with national impact. (4 points each maximum 20 points)  | Total Recognitions = Total Points =  |   |   |
| Certificate of recognition for contributions with international/global impact in nursing (3points each maximum 15 points)  | Total Recognitions = Total Points =  |   |   |
|  | **20**  |  **E. Must maintain current practice either through formal or continuing education.**

|  |  |  |  |
| --- | --- | --- | --- |
| CRITERIA (Select One)  | POINTS   | BY APPLICANT  | BY VALIDATOR  |
| Annual Contact hour (1 point for every 4 contact hours. This must be current within the last 2 years).  | 1 2 3 4 5  6 7 8 9 10 11 12 (16 points maximum)  |   |   |
| Specialty certification must be active, i.e. CCRN, CPAN, etc.  | 3  |   |   |
| Completed Master’s degree or currently enrolled  | 5  |   |   |
| Completed doctoral program or currently enrolled  | 5  |   |   |

 |
| **Total**  | **Total** **100**  | **Evaluator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |



#### SCORE SHEET CATEGORY IV – NURSE EDUCATOR

|  |  |  |
| --- | --- | --- |
| **SCOR****E**  | **MAXIM UM** **POINTS**  | **CATEGORY IV: NURSE EDUCATOR OF THE YEAR**  |
|  | **5**  | **A. Nominee must be a paid member of PNAGKC for at least two (2) years and in good standing. A letter of validation indicating the number of years is required either from the Chapter President or membership chairperson.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITERIA** **(Select one)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |
| 2-5 year membership  | 2  |   |   |
| 6-10 years membership  | 5  |   |   |

 |

**Candidate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Instructions: Applicant must check selection as it applies and attach evidence (CV not considered). Validator must validate both selection and evidence. To be considered as potential awardee, the applicant must have > 65 points).

|  |  |  |
| --- | --- | --- |
| **SCOR****E**  | **MAXIM UM** **POINTS**  | **CATEGORY IV: NURSE EDUCATOR OF THE YEAR**  |
|  | **5**  | **B. Must be a faculty in a School or College of Nursing, or Professional and Development Education for least 2 years in the U.S.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITERIA** **(Select One)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |
| 2-5 years of faculty/educator experience  | 2  |   |   |
| 6-10 years of faculty/educator experience  | 5  |   |   |

 |
|  | **35**  | **C. Must have a significant contribution in the field of nursing in general, involvement in nursing education as an organizer, planner, participant and lecturer within five (5) years.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITERIA** **(Select all that applies)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |
| Contributions in nursing education –local facility/healthcare institution, civic organization or PNAGKC.  (3 points per contribution maximum 21 points)  | Total Contributions = Total Points =  |   |   |
| Contributions to PNAA or other organization with national impact  (3 points per contribution maximum 21 points)  | Total Contributions = Total Points =  |   |   |
| Contributions in nursing with international impact (4 points per contribution maximum 20 points)  | Total Contributions = Total Points =  |   |   |

 |
|  | **35**  | **D. Must have been recognized for a significant contribution in the field of nursing education within five (5) years.**  |
|  | **CRITERIA** **(Select all that applies)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |  |
| Certificate of appreciation in the local facility, local professional organization or PNAGKC (5 points each maximum 30 points)  | Total Recognitions = Total Points =  |   |   |
| Certificate of recognition/award from PNAA or other organization with national impact. (4 points each maximum 20 points)  | Total Recognitions = Total Points =  |   |   |
| Certificate of recognition for contributions with international/global impact in nursing (3points each maximum 15 points)  | Total Recognitions = Total Points =  |   |   |

|  |  |  |
| --- | --- | --- |
| **SCOR****E**  | **MAXIM UM** **POINTS**  | **CATEGORY IV: NURSE EDUCATOR OF THE YEAR**  |
|   | **20**  | **E. Must maintain current practice either through formal or continuing education.**

|  |  |  |  |
| --- | --- | --- | --- |
| CRITERIA (Select all that applies)  | POINTS   | BY APPLICANT  | BY VALIDATOR  |
| Annual Contact hour (1 point for every 4 contact hours. This must be current within the last 2 years).  | 1 2 3 4 5 6 7 8 9 10 11 12 (16 points maximum)  |   |   |
| Specialty certification must be active, i.e. CCRN, CPAN, etc.  | 3  |   |   |
| Completed Master’s degree or currently enrolled  | 5  |   |   |
| Completed doctoral program or currently enrolled  | 5  |   |   |

 |
| **Total**  | **Total** **100**  | Evaluator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |



## SCORE SHEET CATEGORY V – COMMUNITY SERVICE NURSE

|  |  |  |
| --- | --- | --- |
| **SCORE**  | **MAXI****MUM** **POINT****S**  | **CATEGORY V: COMMUNITY SERVICE OF THE YEAR**  |
|  | **10**  | **A. Nominee must be a paid member of PNAGKC for at least two (2) years and in good standing. A letter of validation indicating the number of years is required either from the Chapter President or membership chairperson.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITERIA** **(Select one)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |
| 2-10 year membership  | 5  |   |   |
| 6-10 years membership  | 10  |   |   |

 |

### Candidate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Instructions: Applicant must check selection as it applies and attach evidence (CV not considered). Validator must validate both selection and evidence. To be considered as potential awardee, the applicant must have > 65 points)

|  |  |  |
| --- | --- | --- |
| **SCORE**  | **MAXI****MUM** **POINT****S**  | **CATEGORY V: COMMUNITY SERVICE OF THE YEAR**  |
|   | **40**  | **B. Must have be involved in a well- established professional, civic, or community organizations. Indicate the name of organizations.**

|  |  |  |  |
| --- | --- | --- | --- |
| CRITERIA (Select all that applies)  | POINTS   | BY APPLICANT  | BY VALIDATOR  |
| LOCAL / COMMUNITY LEVEL  |   |   |   |
| Current Active member of local/ civic/professional organization (6 points per organization maximum 36 points)  | Total Organizations = Total Points =  |   |   |
| NATIONAL LEVEL  |   |   |   |
| Member of National organization (5 points per organization maximum 25 points)  | Total Organizations = Total Points =  |   |   |
| INTERNATIONAL LEVEL  |   |   |   |
| Member of International organizations (5 points per organization maximum 20 points)  | Total Organizations = Total Points =  |   |   |
| PRESIDENT/FOUNDER  |   |   |   |
| President/Founder non-profit organization (10 points per organization maximum 20 points)  | Total Organizations = Total Points =  |   |   |

 |

|  |  |  |
| --- | --- | --- |
| **SCORE**  | **MAXI****MUM** **POINT****S**  | **CATEGORY V: COMMUNITY SERVICE OF THE YEAR**  |
|   | **40** **10**  | 1. **Must have been recognized for a significant contribution in enhancing the image and the quality of life of the Filipino-American community at large within five (5) years.**

|  |  |  |  |
| --- | --- | --- | --- |
| CRITERIA (Select all that applies)  | POINTS   | BY APPLICANT  | BY VALIDATOR  |
| Certificate of appreciation in the local facility, professional organization or PNAGKC (5 points each maximum 30 points)  | Total Recognitions = Total Points =  |   |   |
| Certificate of recognition/award from PNAA or other organization with national impact in the Filipino community (4 points each maximum 20 points)  | Total Recognitions = Total Points =  |   |   |
| Certificate of recognition for contributions with international/global impact in the Filipino community (6 points each maximum 30 points)  | Total Recognitions = Total Points =  |   |   |

 1. **Must have attended nursing continuing educational programs.**

|  |  |  |  |
| --- | --- | --- | --- |
| CRITERIA (Select One)  | POINTS   | BY APPLICANT  | BY VALIDATOR  |
| Annual Contact hour (2 point for every 1 contact hours. This must be current within the last 2 years).  |  2 4 6 8 10 (10 points maximum)  |   |   |

 |
| **Total**  | **Total** **100**  | Evaluator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |



## SCORE SHEET CATEGORY VI - ADVANCED PRACTICE NURSE

### Candidate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Instructions: Applicant must check selection as it applies and attach evidence (CV not considered). Validator must validate both selection and evidence. To be considered as potential awardee, the applicant must have > 65 points)

|  |  |  |
| --- | --- | --- |
| **SCORE**  | **MAXI****MUM** **POINTS**  | **CATEGORY VI: Advanced Practice Nurse of the Year**  |
|  | **5**  | **A. Nominee must be a paid member of PNAGKC for at least two (2) years and in good standing. A letter of validation indicating the number of years is required either from the Chapter President or membership chairperson.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITERIA** **(Select one)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |
| 2-5 year membership  | 2  |   |   |
| 6-10 years membership  | 5  |   |   |

 |
|  | **5**  | **B. Must be currently practicing in Advanced Clinical field of nursing with the role of either as a Certified Registered Nurse Anesthetist (CRNA) , Clinical Nurse Specialist (CNS), Certified Nurse Practitioner (CNP) and Certified Nurse Midwives (CNM) for at least two (2) years & currently licensed in the U.S. (RN)**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITERIA** **(Select One)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |
| 2-5 years clinical experience  | 2  |   |   |
| 6-10 years clinical experience  | 5  |   |   |

 |

 (Instructions: Applicant must check selection as it applies and attach evidence (CV not considered). Validator must validate both selection and evidence. To be considered as potential awardee, the applicant must have > 65 points).

|  |  |  |
| --- | --- | --- |
| **SCORE**  | **MAXI****MUM** **POINTS**  | **CATEGORY VI: Advanced Practice Nurse of the Year**  |
|  | **40**  | **C. Must have significant contributions to the field of nursing in general, and to Advanced Nursing Practice through the development of innovative ideas and programs to improve patient care, nursing practice, health promotion and disease prevention, role of APRN in the Future of Nursing within five (5) years.**  |
|  | **CRITERIA** **(Select all that applies)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |  |
| Contributions in general –local facility/ healthcare institution, civic organization, PNAFKC Meritorious contributions in the advance practice role, including, but not limited to, promoting & increasing health care access, providing primary care prevention either in practice, health fairs, author in nursing or healthcare publications, journals, participating in research that has contributed to the APRN role in general (5 points per contribution maximum 30 points)  | Total contributions = Total Points =  |   |   |
| Contributions in PNAA or other organization with national impact (4 points per contribution maximum 20 points)  | Total contributions = Total Points =  |   |   |
| Contributions in nursing with international impact (5 points per contribution maximum 20 points)  | Total contributions = Total Points =  |   |   |
|  | **35**  | **D. Must have been recognized for meritorious contributions to the practice of Advanced Clinical Nursing, including, increasing health care access, participating in health fairs, author in publications or journals, volunteering, initiating programs, participating in research that has contributed to APN role within five (5) years.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITERIA** **(Select all that applies)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |
| Certificate of appreciation in the local facility, local professional organization or PNAGKC (5 points each maximum 30 points)  | Total Recognitions = Total Points =  |   |   |
| Certificate of recognition/award from PNAA or other organizations with national impact (4 point each maximum 20 points).  | Total Recognitions = Total Points =  |   |   |
| Certificate of recognition for contributions with international/global impact in nursing (5 points each maximum 20 points)  | Total Recognitions = Total Points =  |   |   |

 |

|  |  |  |
| --- | --- | --- |
| **SCORE**  | **MAXI****MUM** **POINTS**  | **CATEGORY VI: Advanced Practice Nurse of the Year**  |
|  | **15**  | **E. Must maintain current practice either through formal or continuing education.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITERIA** **(Select One)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |
| Annual Contact hour (1 point for every 4 contact hours. This must be current within the last 2 years).  | 1 2 3 4 5 6 7 8 9 10 11 12 (15 points maximum)  |   |   |
| Specialty certification must be active, i.e. CCRN, CPAN, etc.  | 4  |   |   |
| Completed Master’s degree or currently enrolled  | 4  |   |   |
| Completed doctoral program or currently enrolled  | 5  |   |   |

 |
| **Total**  | **Total**  **100**  | **Evaluator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |



|  |  |  |
| --- | --- | --- |
| **SCOR****E**  | **MAXI****MUM** **POINTS**  | **CATEGORY VII: NURSE INFORMATICS OF THE YEAR**  |
|  | **5**  | **A. Nominee must be a paid member of PNAGKC for at least two (2) years and in good standing. A letter of validation indicating the number of years is required either from the Chapter President or membership chairperson.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITERIA** **(Select one)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |
| 2-5 year membership  | 2  |   |   |
| 6-10 years membership  | 5  |   |   |

 |

## SCORE SHEET CATEGORY VII – NURSE INFORMATICS

### Candidate # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Instructions: Applicant must check selection as it applies and attach evidence (CV not considered). Validator must validate both selection and evidence. To be considered as potential awardee, the applicant must have > 65 points).

|  |  |  |
| --- | --- | --- |
| **SCOR****E**  | **MAXI****MUM** **POINTS**  | **CATEGORY VII: NURSE INFORMATICS OF THE YEAR**  |
|  | **5**  | **B. Must be currently practicing in a field of nursing informatics for at least two (2) years, preferably, has served as nursing informatics leader of an outstanding healthcare organization, and currently licensed in the U.S. (RN)**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITERIA** **(Select One)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |
| 2-3 years of leadership/management experience  | 2  |   |   |
| 6-10 years of leadership/management experience  | 5  |   |   |

 |
|  | **40**  | **C. Must have significant contributions to the practice of nursing informatics, including clinical system development, implementation and/or optimization towards advancing the health status of patients/consumers and impacting clinician workflow/productivity within five (5) years.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITERIA** **(Select all that applies)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |
| Contributions in general–local facility/ healthcare institution and PNAGKC (5 points per contribution maximum 30 points)  | Total Contributions = Total Points =  |   |   |
| Contributions in nursing with national impact (4 points per contribution maximum 20 points)  | Total Contributions = Total Points =  |   |   |
| Contributions in nursing with international impact (5 points per contribution maximum 20 points)  | Total Contributions = Total Points =  |   |   |

 |
|  | **40**  | **D. Must have been recognized for meritorious contributions to the practice of nursing informatics within five (5) years.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITERIA** **(Select all that applies)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |
| Certificate of appreciation in the local facility, local professional organization or PNAGKC (5 points each maximum 30 points)  | Total Recognitions = Total Points =  |   |   |
| Certificate of recognition/award from PNAA or other organization with national impact (4 points each maximum 20 points)  | Total Recognitions = Total Points =  |   |   |
| Certificate of recognition for contributions with international/global impact in nursing (4points each maximum 20 points)  | Total Recognitions = Total Points =  |   |   |

 |

|  |  |  |
| --- | --- | --- |
| **SCOR****E**  | **MAXI****MUM** **POINTS**  | **CATEGORY VII: NURSE INFORMATICS OF THE YEAR**  |
|  | **10**  | **E. Must maintain current practice either through formal or continuing education.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITERIA** **(Select One)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |
| Annual Contact hour (1 point for every 4 contact hours. This must be current within the last 2 years).  | 1 2 3 4 5 6 7 8 9 10 11 12 (8 points maximum)  |   |   |
| Specialty certification must be active, i.e. CCRN, CPAN, etc.  | 2  |   |   |
| Completed Master’s degree or currently enrolled  | 4  |   |   |
| Completed doctoral program or currently enrolled  | 2  |   |   |

 |
| **Total**  | **Total** **100**  | **Evaluator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
|  |



## SCORE SHEET CATEGORY VIII– NURSE ENTREPRENEUR

|  |  |  |
| --- | --- | --- |
| **SCORE**  | **MAXI****MUM** **POINT****S**  | **CATEGORY VIII: NURSE ENTREPRENEUR OF THE YEAR**  |
|  | **5**  | **A. Nominee must be a paid member of PNAGKC for at least two (2) years and in good standing. A letter of validation indicating the number of years is required either from the Chapter President or membership chairperson.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITERIA** **(Select one)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |
| 2-5 year membership  | 2  |   |   |
| 6-10 years membership  | 5  |   |   |

 |

### Candidate # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Instructions: Applicant must check selection as it applies and attach evidence (CV not considered). Validator must validate both selection and evidence. To be considered as potential awardee, the applicant must have > 65 points).

|  |  |  |
| --- | --- | --- |
| **SCORE**  | **MAXI****MUM** **POINT****S**  | **CATEGORY VIII: NURSE ENTREPRENEUR OF THE YEAR**  |
|  | **5**  | **B. Must be engaged in a health-related enterprise for at least two (2) years. Indicate name of company and place of operation.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITERIA** **(Select One)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |
| Engaged within 2-5 years  | 2  |   |   |
| Engaged in 6-10 years  | 5  |   |   |

 |
|  | **40**  | **C. Must have a significant contribution to the professional and personal growth, socioeconomic well being of the person(s) and the community through employment opportunities within five (5) years.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITERIA** **(Select all that applies)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |
| Contributions in general –local facility/healthcare institution and/or through employment opportunities (6 points per contribution maximum 36 points)  | Total Contributions = Total Points =  |  |  |
| Contributions in nursing and/or through employment opportunities with national impact (4 points per contribution maximum 20 points)  | Total Contributions = Total Points =  |  |  |
| Contributions with international/global impact (4 points each maximum 20 points )  | Total Contributions = Total Points =  |  |  |

 |

|  |  |  |
| --- | --- | --- |
| **SCORE**  | **MAXI****MUM** **POINT****S**  | **CATEGORY VIII: NURSE ENTREPRENEUR OF THE YEAR**  |
|  | **35**  | **D. Must have been recognized for a significant contribution in the field of nursing within five (5) years.**  |
|  | CRITERIA (Select all that applies)  | POINTS   | BY APPLICANT  | BY VALIDATOR  |  |
| Certificate of appreciation in the local facility, local professional organization or PNAGKC (6 points each maximum 30 points)  | Total Recognitions = Total Points =  |   |   |
| Certificate of recognition/award from PNAA or other organization with national impact (4 points each maximum 20 points)  | Total Recognitions = Total Points =  |  |  |
| Certificate of recognition for contributions with international/global impact in nursing (3 points each maximum 15 points)  | Total Recognitions = Total Points =  |  |  |
|  | **15**  | **E. Must attend continuing education programs.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITERIA** **(Select One)**  | **POINTS**  | **BY APPLICANT**  | **BY VALIDATOR**  |
| Annual Contact hour (2 points for every 1 contact hours. This must be current within the last 2 years).  |  2 4  6 8 10 12 14 (14 points maximum)  |  |  |
| Specialty certification must be active, i.e. CCRN, CPAN, etc.  | 2  |  |  |
| Completed a Master’s degree or currently enrolled  | 3  |  |  |
| Completed doctoral program or currently enrolled  | 3  |  |  |

 |
| **Total**  | **Total** **100**  | **Evaluator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |