



## ST. LOUIS SUBURBAN SCHOOL NURSE ASSOCIATION SCHOOL NURSE ADMINISTRATOR OF THE YEAR (SNAY)

### **Description:**

An award to publicly recognize school nurse administrators statewide by annually honoring one administrator who administers and coordinates quality school nursing services and health programs. This nurse will be nominated to represent Missouri in the NASN SNAY award.

### **Eligibility:**

**Please note applications for the SLSSNA SNAY award will be accepted and considered without meeting the membership criteria and the submission of narrative, but if the nominee is awarded SLSSNA SNAY, the application **can not** be forwarded on for consideration for the MASN SNAY without meeting all of the criteria below.**

**If multiple candidates are nominated at the SLSSNA district level, only those candidates who meet the membership criteria and have completed the narrative will be considered.**

Please check criteria below:

- Be a registered professional nurse
- Bachelor's degree or higher
- Be a current SLSSNA member
- Be a member of MASN for the current year and the preceding four years.
- Be a member of NASN for the current year and the preceding four years.
- Nominee must have completed five years of experience in school health, currently practice full-time and have as his/her main responsibility the supervision, administration, and coordination of school nursing service and health programs.
- Nominee must not be on the NASN Board of Directors or an officer of NASN at the time of nomination.

### **Procedure for Submission of Application:**

Submit the following to the SLSSNA by **November 15th** to the Awards Chair, **Debbie Scales** at **dscales631@gmail.com**

1. Above criteria eligibility checklist
2. Completed nomination form-see the back of this form
3. Letter or letters of recommendation(s) from school nurse colleagues, administrators, supervisors, teachers, parents and others supporting the qualifications of the nominee, listing contributions to school nursing
4. Curriculum vitae signed by the nominee.
5. Narrative demonstrating evidence of excellence in school nursing practice through the use of *Scope and Standards of Professional School Nursing Practice* (copyright 2017, National Association of School Nurses and American Nurses Association).



## SCHOOL NURSE ADMINISTRATOR OF THE YEAR (SNAY) NOMINATION FORM

Name of Nominee \_\_\_\_\_

Nominee's Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Number of years as an administrator \_\_\_\_\_

Number of years in school nursing \_\_\_\_\_

Grade levels supervised in current position \_\_\_\_\_

Number of nurses supervised \_\_\_\_\_

Is position full time (by eligibility guidelines) Yes \_\_\_\_\_ No \_\_\_\_\_

Provides direct nursing care in practice Yes \_\_\_\_\_ No \_\_\_\_\_

Is the nominee a registered nurse Yes \_\_\_\_\_ No \_\_\_\_\_

Does the nominee have a BSN Yes \_\_\_\_\_ No \_\_\_\_\_

Is s/he a member of the MASN for current year and 4 preceding years Yes \_\_\_\_\_ No \_\_\_\_\_

Is s/he a member of the NASN for current year and 4 preceding years Yes \_\_\_\_\_ No \_\_\_\_\_

**Notification of award winners will be sent via email to award winners, their principal, lead nurse, and superintendent, the nominator, and those sending letters of support.**

	Name	email address
Nominator		
Letter of support from		
Letter of support from		
Letter of support from		
Nominee's School		
Nominee's School District		
Nominee's Lead Nurse		
Nominee's Superintendent		
Nominee's Principal		

Date nomination submitted \_\_\_\_\_

Date nomination received \_\_\_\_\_

Date nomination reviewed \_\_\_\_\_