



## ST. LOUIS SUBURBAN SCHOOL NURSE ASSOCIATION

### SCHOOL NURSE OF THE YEAR

**Description:** To publicly honor and recognize a school nurse from the St. Louis Suburban membership who demonstrates excellence in school nursing practice and leadership in school health. This nurse's name will be submitted as a nominee to represent the St. Louis Suburban School Nurses Association as Missouri School Nurse of the Year.

#### **Eligibility:**

**Please note applications for the SLSSNA SNOY award will be accepted and considered without meeting the membership criteria and the submission of narrative, but if the nominee is awarded SLSSNA SNOY, the application **can not** be forwarded on for consideration for the MASN SNOY 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
- 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 two years.
- Have five years of experience as a school nurse and be currently employed as a full-time school nurse. If the only school nurse position in a community involves fewer hours than usual, it will be considered full time for the purpose of this eligibility criteria. More than 50 percent of the nominee's time must be spent in direct care.

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

All of the below paperwork must be submitted **by November 15th** to the Awards Chairman **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).



**ST. LOUIS SUBURBAN SCHOOL NURSE ASSOCIATION  
SCHOOL NURSE OF THE YEAR NOMINATION FORM**

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

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

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

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

Present position \_\_\_\_\_

Number of years in present positing \_\_\_\_\_

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

Grade levels covered in current position \_\_\_\_\_

Number of students currently served \_\_\_\_\_

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 \_\_\_\_\_

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

Is s/he a member of the NASN for current year and preceding two 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 \_\_\_\_\_