



CALL FOR NOMINATIONS - 2019 Alumni Awards

The University of Kentucky College of Nursing Alumni Association has recognized outstanding contributions by its alumni since 1991. Nominees must hold an undergraduate or graduate degree from the UK College of Nursing. Past winners have distinguished themselves by currently practicing in or making significant contributions **in the following areas:**

- Community Health or Public Health;
- Patient or Nursing Education, including Schools of Nursing or Practice Settings;
- Nursing Research; Nursing Administration or upper level management; and
- Clinical Service or Practice

ALUMNUS AWARDS: Nominees **must hold an undergraduate or graduate degree from the UK College of Nursing** and:

First Decade Award: Be currently engaged in the profession of nursing, in practice for **10 years or less** since receiving a Bachelor of Science in Nursing (BSN) degree, prior to the annual alumni meeting (normally Homecoming Weekend), and has laid the foundation for an exemplary career in nursing.

Outstanding Alumnus Award: Exemplifies a commitment to support the College as well as an outstanding career in nursing.

AWARD PRESENTATION: The alumni awards will be presented at the UK College of Nursing Alumni Association Annual Homecoming Luncheon on ***Friday, October 11, 2019.***

NOMINATION INSTRUCTIONS: For each award, we invite self-nomination or nominations from others. All nominations must be accompanied by:

1. A completed **Nomination Form**,
2. A **Letter of Support** that addresses at least 5 of the 9 Award Criteria, and
3. A **Curriculum Vitae**

Deadline for Submission: Thursday, August 1, 2019 @ 5:00 p.m. EST



2019 ALUMNI AWARD NOMINATION FORM

Nominees must hold an undergraduate or graduate degree from the UK College of Nursing. I am submitting a nomination for the (please check one):

First Decade Award

OR:

Outstanding Alumnus Award

Nominee: _____ **Class Year:** _____

Credentials: _____ **UK Degree(s):** _____

Address: _____

City, State, Zip Code: _____

Phone: _____ **Email:** _____

AWARD CRITERIA:

Please submit a letter of support that describes how the nurse meets the criteria below. More than one letter may be submitted. **A minimum of 5 areas must be addressed:**

1. Represent nursing through community involvement
2. Participation in a professional organization(s)
3. Contribution to UK CON or member of UK Alumni Association
4. Serve as a role model, excellent communication and skill in their specialty
5. Demonstrated commitment to nursing
6. Outstanding work ethic and positive attitude
7. Implements strategies to enhance patient care
8. Demonstrates creativity, is a risk taker and visionary planner
9. Contributes to quality nursing care

2019 Nomination Form
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The following must be included in the packet for the nomination to be considered:

- Nomination Form
- Support Letter(s)
- Curriculum Vitae

I certify all information submitted on behalf of the nominee is to the best of my knowledge:

Signature

Date

NOMINATION FORM COMPLETED BY:

Nominator: _____

Address: _____

City, State, Zip Code: _____

Phone: _____

Email: _____

Please submit your nomination packet by THURSDAY, AUGUST 1, 2019 @ 5:00 p.m. EST to:

Kerrie Moore
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Questions? kerrie.moore@uky.edu or (859) 323-1966