



**EL PASO COUNTY MEDICAL SOCIETY
TED T. LEWIS, M.D.
EXCELLENCE IN PROFESSIONAL NURSING AWARDS**

For 27 years the El Paso County Medical Society Excellence in Professional Nursing Awards has been a treasured demonstration of our members’ respect for their nurse colleagues. Please take a few minutes to nominate the nurse you feel should be a 2017 winner.

Eligibility for Awards: *Nominee must be in good standings with DORA and must have a reference letter from a physician who is a member of the El Paso County Medical Society.* The nomination form must be returned to El Paso County Medical Society **NO LATER THAN September 30** via fax **719-591-5649** or e-mail epcms@epcms.org. The award winners will be chosen by the EPCMS Excellence in Professional Nursing Awards committee.

The following must be included with the nomination form:

- Nominee’s resume is required
- A reference letter from a physician who is a member of EPCMS (It must be signed and dated)
- A current photo of the nominee (Please do not send a group photo)
- Nominee must meet each criteria specified on the nomination form
- The narrative portion must be completed for each section and boxes checked as appropriate
- Supporting material may be attached if desired
- If more room is required for narrative portion, you may attach a separate page
- Form must be signed and dated to indicate that nominator has validated all information

In honor of their achievement, recipients will receive the following:

- A crystal award that will be presented on stage in front of friends, family and colleagues at the January EPCMS Physician Connection
- Recognition in *The EPCMS Newsletter* and on www.epcms.org
- Recognition in press releases to local and state outlets

Name of Nominator _____ **Title** _____

Organization _____ **Phone Number** _____

E-mail address _____ **Relationship to nominee** _____

Name of Physician who is providing the reference letter _____

Physician’s E-mail address _____

Physician’s Business Address _____

Please complete the nomination form below and return to EPCMS NO LATER THAN September 30 via fax (719) 591-5649 or e-mail epcms@epcms.org



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EXCELLENCE IN PROFESSIONAL NURSING AWARDS
NOMINATION FORM

Nominated by _____

I am proud to nominate the following Nurse for the Excellence in Professional Nursing Award.

Full Name of Nominee: _____

Nominee’s Specialty Certification(s) (i.e. LPN, RN, BSN, MSN, CCRN) _____

Nominee’s Home Address _____
Street City Zip

Nominee's place of employment _____ Start Date _____

Nominee’s phone number _____ Nominee’s email _____

Nominee’s Immediate Supervisor’s Name and Signature: _____
 (Serves as validation of employment date above.)

Remember that you must download and save this document to your computer first before you can use the editable fields.

- A. Nominee is primarily involved in direct patient care through (check all that apply)
 Facility Clinic Private Practice Other: _____
- B. Is the Nominee in good standing with DORA and Employer? : Yes No Date verified _____
- C. Must enclose a current photo of the nominee.
- D. Demonstrates excellence in nursing care for patients and their families. (Provide specific examples; 500 word maximum.)

- E. Acts as a patient advocate in promoting patient satisfaction. (Provide specific examples; 500 word maximum.)

F. Initiates formal and informal teaching activities with patients, families, and colleagues. (Provide specific examples; 500 word maximum.)

G. Promotes and initiates positive, proactive problem solving processes through negotiation and collaboration with colleagues of all disciplines. (Provide specific examples; 500 word maximum.)

H. Maintains professionalism that promotes a positive image of nursing. (Provide specific examples; 500 word maximum.)

I. Participates in professional growth and activities. (Provide specific examples; 500 word maximum.)

J. Demonstrates community involvement. (Provide specific examples; 500 word maximum.)
