



## **ST. LOUIS SUBURBAN SCHOOL NURSE ASSOCIATION OUTSTANDING SERVICE BY A LICENSED PRACTICAL NURSE NOMINATION FORM**

**Description:** An award to recognize a licensed practical nurse (LPN) who has made an outstanding contribution to his/her school, community, district, or state organization

### **Eligibility:**

Please check all criteria below:

- ☐ Licensed practical nurse (LPN)
- ☐ Currently practicing as a full time school nurse
- ☐ Current member of SLSSNA
- ☐ Has made an outstanding contribution to his/her school, district, or state organization

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

Submit the following to the SLSSNA Awards Chair by **October 15<sup>th</sup>** to **Meagan Lozano**  
at **presidentelect@slssna.com**

1. Above criteria eligibility checklist
2. Completed nomination form- see back of this form
3. Letter or letters of recommendation(s) supporting the qualifications of the nominee, listing contributions to school nursing. Letters can be made by any group or individual concerned with the health care of Missouri children.



ST. LOUIS SUBURBAN  
**SCHOOL NURSES**  
ASSOCIATION

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OUTSTANDING SERVICE BY A LICENSED PRACTICAL NURSE NOMINATION FORM**

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

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

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

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

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

**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
<b>Nominator</b>		
<b>Letter of support from</b>		
<b>Letter of support from</b>		
<b>Letter of support from</b>		
<b>Nominee's School</b>		
<b>Nominee's School District</b>		
<b>Nominee's Lead Nurse</b>		
<b>Nominee's Superintendent</b>		
<b>Nominee's Principal</b>		

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

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

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