

# MI NURSES Association

## Award Nomination Form

*Deadline August 1*

### AWARD

- |  |  |
|--|--|
| <input type="checkbox"/> Diversity in Health Care Award            | <input type="checkbox"/> Nurse Hero Award                      |
| <input type="checkbox"/> Excellence in Nursing Practice Award      | <input type="checkbox"/> Outstanding Contribution to MNA Award |
| <input type="checkbox"/> Labor Leader of the Year Award            | <input type="checkbox"/> Political Nurse Activist Award        |
| <input type="checkbox"/> Cheryl L. Johnson, RN, Labor Legacy Award |  |

### NOMINEE MNA member

Name _____	Credentials _____
Address _____	Personal Email _____
City/State/Zip _____	Cell # _____
Employer _____	Home # _____

### NOMINATOR MNA member

Name _____	Personal Email _____
Address _____	Cell # _____
City/State/Zip _____	Home # _____
Employer _____	

Complete this nomination form and submit with

- **Nominee's biographical data and work overview** - Biographical data and work history, including national state and local leadership activities.
- **Narrative statement** - Describe the nominee's accomplishments that specifically meet the the award criteria.

*All information must be submitted by **August 1** for consideration.  
Only requested material will be considered.*

### Send nomination packet to:

Nominations Committee c/o Carol Feuss  
Michigan Nurses Association  
2310 Jolly Oak Road, Okemos, MI 48864  
[carol.feuss@minurses.org](mailto:carol.feuss@minurses.org) or 517-349-5818 (Fax)