Michigan Nurses Hall of Fame

Nomination Form

(Deadline August 1)

AWARD Category:  
☐ Historical
☐ Contemporary
☐ Friend of Nursing

NOMINEE (Individual or Organization)

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

NOMINATOR

Name ____________________________  Email ____________________________
Address ___________________________  City/State/Zip ____________________________
Home # ____________________________  Cell # ____________________________
Employer ___________________________  Work # ____________________________

Nominations MUST include ALL of the following materials to be considered:

• Completed Nomination Form
• Narrative statement with biographical data (can be written, videotaped or audiotaped)
• Letter(s) of support (maximum of two)
• Photo (optional)

Send complete nomination packet by August 1 to:

Nominations Committee – Carol Feuss
Michigan Nurses Association
2310 Jolly Oak Road; Okemos, Michigan 48864
Phone 517-349-5640; Fax 517-349-5818; carol.feuss@minurses.org

2/11/16