MI NURSES Association

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