

## Michigan Nurses Hall of Fame

Nomination Form

(Deadline August 1)

AWARD Category:

HistoricalContemporary

☐ 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**

Michigan Nurses Association 2310 Jolly Oak Road; Okemos, Michigan 48864 Phone 517-349-5640; Fax 517-349-5818; amanda.sabol@minurses.org