CASN SCHOOL NURSE ADMINISTRATOR OF THE YEAR
NOMINATION FORM

Instruction:

1. Complete this form
2. Attach a letter supporting this nomination
3. Send to CASN Awards Committee, P.O. Box 221605, Denver, CO. 80222
4. Deadline is February 1st (postmarked on or before)

Nominee's name: _____

Home Address: _____

Phone Number: _____ _____
Home Work

Email Address: _____

Employer's Name: _____

Employer's Address: _____

Present Position: _____
% of time providing school health service/school nursing administration _____

Number of years as administrator: _____

Number of years in school nursing: _____

Grade levels served in present position: _____

Number of students served: _____

Number of nurses supervised: _____

Position full-time: Y_____ N _____

Provider of direct nursing care in practice: Y _____ N _____

Registered Nurse: Y _____ N _____

Current member of CASN and previous five years: Y _____ N _____

Current member of NASN and previous five years: Y _____ N _____

Nomination submitted by: _____

Date: _____ 2007