

**CASN SCHOOL NURSE 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 1<sup>st</sup> (postmarked on or before)

Nominee's name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Home Work

Email Address: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Present Position: \_\_\_\_\_

Number of years in present position: \_\_\_\_\_

Number of years in school nursing: \_\_\_\_\_

Grade levels served in present position: \_\_\_\_\_

Number of students served: \_\_\_\_\_

Position full-time: Y \_\_\_\_\_ N \_\_\_\_\_

Provider of direct nursing care in practice: Y \_\_\_\_\_ N \_\_\_\_\_

Registered Nurse: Y \_\_\_\_\_ N \_\_\_\_\_

Current member of CASN and previous two years: Y \_\_\_\_\_ N \_\_\_\_\_

Current member of NASN and previous two years: Y \_\_\_\_\_ N \_\_\_\_\_

Nomination submitted by: \_\_\_\_\_

Date: \_\_\_\_\_