Advanced Practice Nurse of the Year Award

Award Criteria

- Demonstrates excellence as an advanced practice nurse and as a role model for other APNs
- Has made a significant contribution to the improvement in care of individuals, families and/or communities
- Utilizes current research in practice
- Current member of MTAPN
- Licensed to practice as an advanced practice nurse in Tennessee

Instructions for Nomination

- Complete the enclosed nomination form (forms may be photocopied for multiple nominations)
- All nominations must be typed
- Nominations should be emailed to Awards Chair Lindsey Corlew at: MTAPNWebmaster@gmail.com

Deadline: Sep 30th — award presented at the November meeting

A blind review of nominations will be performed by MTAPN Executive Board
Advanced Practice Nurse of the Year Award
Nomination Form

Name of Nominee: ____________________________

Address of nominee: ____________________________

Email: ____________________________

Nominee’s employer: ____________________________

Contact Phone #: ____________________________

Nominated by: ____________________________

Email: ____________________________

Contact Phone #: ____________________________

*** On a separate sheet, please provide a 2-3 paragraph summary of specific reasons you feel this candidate should be APN of the year. (300 words or less) ***