



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: president@mtapn.org

Deadline: July 31st annually — award presented at the September 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) ***