**IFNA Awards Nomination Form**

Award:

**\_\_\_\_ Excellence in Family Nursing Award** (3) – this award recognizes IFNA members for outstanding contribution to the development of family nursing practice, research, and/or education through either cumulative career achievement and/or a single contribution that has played a seminal role in the field.

**\_\_\_\_ Innovative Contribution to Family Nursing Award** (2) – this award recognizes IFNA members who have provided sustained leadership in innovatively disseminating and implementing family nursing theory, research, and/or practice in their countries and languages.

**\_\_\_\_ Distinguished Partner in Family Health Care Award** – this award recognizes non-IFNA members and individuals outside of the discipline of Nursing, including associations, corporations, or non-profit organizations who demonstrate sustained investment and excellence in advancing family focused health care.

**\_\_\_\_ Rising Star in Family Nursing Award** – this award recognizes an IFNA member who has shown exceptional early career efforts to advance family nursing by contributing to the dissemination and implementation of family nursing as a new scholar.

Nominator Information (your name):

Name / Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Institutional Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City / State / Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Nominee Information (name of the person you are nominating):

Name / Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Institutional Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City / State / Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

List of 3 sponsors who endorse the nomination including the sponsors’ name and contact information

(**2 of whom must be IFNA members**):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (IFNA Member and email address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (IFNA Member and email address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (IFNA Member or non IFNA member and email address)

**UPLOAD** this completed Nomination Form, 2 page description of nominee’s achievements, and first 4 pages of Resume / CV of nominee to <https://spaces.hightail.com/uplink/IFNAAwards>

 Deadline is January 30, 2017 - 11:00pm EDT (New York)