

2010 CALL FOR AWARDS NOMINATIONS

The NACLI Awards Committee is seeking to honor those nurses who contribute to the Mission and Goals of the Nurses Association of the Counties of Long Island, who carry on the tradition of revered past honorees and who exemplify the criteria of the awards. NACLI Awards will be presented at the Awards Dinner. The awards, their purpose and their criteria are listed below. Nominations may be made by members on the official nomination form and returned to the NACLI Awards Committee by email or fax stated below.

THE RUTH W. HARPER DISTINGUISHED SERVICE AWARD FOR LEADERSHIP IN NACLI

- CRITERIA:
1. Membership in NACLI, District 14. Minimum of three years continuing membership
 2. Time and work, especially on special projects or service to the association
 3. Demonstrated commitment to the association
 4. Fosters a positive image of the association and self
 5. Professional demeanor - acts as role model for others
 6. Appropriate risk-taking behavior in professional work

THE ELEANORE MOLEWSKI MENTORING AWARD

- CRITERIA:
1. Membership in NACLI, District 14. Minimum of five years continuous membership
 2. Work time in any health care setting, performing mentoring as a responsibility
 3. Has distinguished self as a mentor in the nursing community

AWARD FOR EXCELLENCE IN NURSING PRACTICE

- CRITERIA:
1. Membership in NACLI, District 14. Minimum of three years continuous membership
 2. A majority of work time in direct patient care in any health care setting is a primary responsibility
 3. Has distinguished self in an area of practice

THE BEACON AWARD

- Criteria:
1. Membership in NACLI, District 14. Minimum of one year continuous membership
 2. Graduation from an NLN accredited nursing program: Within five years from a generic nursing program;
Within two years from an RN to BSN program OR Masters program
 3. Licensed to practice in New York State
 4. Demonstrated leadership: a) At work in practice b) In professional activities.

COMMUNITY AWARD

- CANDIDATE
1. Not a nurse
- ELIGIBILITY:
2. Not a legislator
 3. Is an established member in one of the NACLI counties but does not have to reside in any of the three counties
 4. Has gained community recognition in an area other than nursing, for contributing to the health care delivery system
- CRITERIA:
1. Evidence of significant community contributions to the improvement of the health care delivery system
 2. Demonstration of exceptional achievement and leadership in chosen field
 3. Demonstration of commitment to the mission of NACLI

NOMINATION FORM

Please type/print all information requested including the nominee's signature of consent. Members may self-nominate.
BOARD MEMBERS ARE NOT ELIGIBLE FOR AWARDS.

I nominate the following individual for the following Award: _____

Nominee's Name: _____ Academic Degree: _____

Address: _____ City/State/Zip _____

Employer: _____ Position: _____

Business Address: _____ City/State/Zip _____

Nomination Submitted By: _____

Address: _____ City/State/Zip _____

Phone: (_____) _____

Please attach the following: (Required) 1. **Statement of Reason** 2. **Two (2) Reference Letters** 3. **Nominee's Resume/CV**

Nominator's Signature _____ Date: _____

Nominee's Signature _____ Date _____

PLEASE EMAIL OR FAX THIS FORM & SUPPORTING DOCUMENTS TO NACLI BY **AUGUST 15, 2010**
EMAIL: **INFO@NACLI.ORG** FAX: **(631) 610-3594**