



CCCN Nursing Excellence Recognition Program NOMINATION FORM

(Please check one)

- Cardiovascular Nursing **Clinical** Excellence Award
- Cardiovascular Nursing **Leadership** Excellence Award
- Cardiovascular Nursing **Research** Excellence Award
- Cardiovascular Nursing **Health Promotion and Advocacy** Excellence Award
- Lynne Child Cardiovascular Nursing **Certification** Award
- Mae Gallant Cardiovascular Nursing **Student** Award
- Honorary Lifetime Member** Award

Nominee

Name:
 Credentials:
 Place of Employment
 & Contact Info:

Signature of Nominee _____
 (Signature indicates agreement to be considered for this award)

Nominating Group

(Minimum of three people — at least one of whom must be a CCCN member):

Name
Signature
CCCN member? Yes <input type="checkbox"/> No <input type="checkbox"/>

Name
Signature
CCCN member? Yes <input type="checkbox"/> No <input type="checkbox"/>

Name
Signature
CCCN member? Yes <input type="checkbox"/> No <input type="checkbox"/>

All Nominations must include:

1. One (1) letter of nomination (Should address adjudication criteria, and must be no more than two typewritten pages in length)
2. Current curriculum vitae or résumé (Should address adjudication criteria, and must be no more than five typewritten pages in length, highlighting last five years)
3. Current high resolution photo in electronic format
4. Completed nomination form

Submit nomination forms and appendices to:

CCCN National Office
 c/o RCAM
 774 Echo Drive, Ottawa ON K1S 5N8
 fax: 613-730-1116 or email cccn@rcpsc.edu

Submission Deadline: August 31st