



NURSING EXCELLENCE RECOGNITION PROGRAM NOMINATION FORM

77 Berrigan Drive, Ottawa, ON, K2J 4V6
Tel: (613) 406-3548, www.cccn.ca

PLEASE CHECK ONE

- 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

NOMINEE

NAME: _____

CREDENTIALS: _____

PLACE OF EMPLOYMENT: _____

CONTACT INFORMATION: EMAIL: _____

PHONE: _____

SIGNATURE: _____

NOMINATING GROUP

NAME: _____

SIGNATURE: _____

CCCN MEMBER: YES NO

NAME: _____

SIGNATURE: _____

CCCN MEMBER: YES NO

NAME: _____

SIGNATURE: _____

CCCN MEMBER: YES NO

Submit nomination forms and appendices to:

CCCN National Office
Attn: Awards Committee
77 Berrigan Drive, Ottawa ON K2J 4V6
Email zoe@cccn.ca

Submission Deadline: May 7th

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