

Mid-Atlantic Chapter of the WOCN® Society Nurse of the Year Criteria and Nomination Form

Nominee Criteria:

- Current active member of the Mid-Atlantic Chapter of the WOCN Society - ***(Member of the WOCN Society with MAC selected as their Chapter)***
- Engaged in clinical practice of wound, ostomy, continence, or foot care nursing
- Certified by the WOCNCB® in one of the following: wound, ostomy, continence, and/or foot care
- Endorsed by one or more peers for recognition status

All information potentially identifying the nominee will be redacted for an impartial blind vote by the MAC NOY/Scholarship committee.

Fields with * are required. Complete all other fields as appropriate or enter "N/A" if not applicable.

Nominee Information:

*Email Address: _____

*First Name: _____ *Last Name: _____

*Address: _____

*City: _____ *State: _____ *Zip Code: _____

*Phone with area code & type: _____ Home Work Mobile

*Is the nominee employed as a WOC Nurse? Yes No

Employer: _____

Name of Nursing School Attended: _____

WOCET_NEP: _____

Date of Certification: _____ Date of Re-Certification: _____

*WOCN Member ID #: _____

*Mid-Atlantic Chapter Member? Yes No Not Sure

Demonstrates excellence in the practice of WOC nursing by: (300 words or less)

Exemplifies high professional standards as evidenced by: *(300 words or less)*

Provides service in the community: *(300 words or less)*



Mid-Atlantic Chapter

Wound, Ostomy, and
Continence Nurses Society®

Promotes pride in the National WOCN Society and the Mid-Atlantic Chapter of the WOCN Society: *(300 words or less)*

Demonstrates interest and positive attitude to meet the needs of patients, families, visitors, significant others, industry, co-workers, physicians, and association: *(300 words or less)*

List other achievements: *(300 words or less)*



WOCN® Wound, Ostomy, and
Continence Nurses Society®

WOCN® NATIONAL OFFICE
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1120 ROUTE 73 SUITE 200, MT. LAUREL, NJ 08054



Is the Nominee aware of this nomination? Yes No

WOC Nurse Submitting This Nomination

***Email Address:** _____

***First Name:** _____ ***Last Name:** _____

***Address:** _____

***City:** _____ ***State:** _____ ***Zip Code:** _____

***Phone with area code & type:** _____ Home Work Mobile

Please email completed form to: midatlanticwocn@gmail.com

