

Southeast Chapter of the WOCN® Society Nurse of the Year Nomination Form

Nominee Criteria:

- Current active member of the Southeast Chapter of the WOCN Society – (Member of the WOCN Society with SEC selected as your 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
- Current board members are not eligible for this award

All information potentially identifying the nominee will be redacted for an impartial blind vote by the Southeast Chapter Board of Directors.

Date: _____

Information of the Nominee

Email Address: _____

First and Last Name: _____

City/State: _____

Preferred Phone Number: _____

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

Employer: _____

Title or Role: _____

Name of nursing school attended (if known): _____

WOC nursing school attended (if known): _____

Date of Cert and Re-Cert: _____

WOCN Member ID Number: _____

Southeast Chapter Member: Yes No

Demonstrates excellence in the practice of WOC nursing by:

Exemplifies high professional standards as evidenced by:

Provides service in the community by:

Promotes pride in the National WOCN Society and the Southeast Chapter of the WOCN Society by:

Demonstrates interest and positive attitude to meet the needs of patients, families, visitors, significant others, industry, co-workers, physicians and association by:

List other achievements:

Is the nominee aware of this nomination? Yes No

Nominator (Your Information)

Email Address: _____

First/Last name: _____

City/State: _____

Preferred Phone number: _____