New England Chapter of the WOCN® Society
Nurse of Distinction Award
Nominations Accepted April 1st - September 1st

1) Nominee requirements:

a. Minimum two years of active membership in the New England Chapter of the WOCN Society.
b. Minimum of one current certification recognized by WOCNCB®
c. See below for additional Nominee requirements located under 3c. a) and b).

2) **Nominator requirements:**

a. A New England Chapter of the WOCN Society member or other professional colleague (co-worker, manager, colorectal surgeon etc. is eligible to make a nomination).
b. Nominator submits a letter of recommendation with practice excellence exemplars and completed form via email to the Membership Chair at newenglandwocnmembership@gmail.com

3) **Selection process:**

a. Membership Chair reviews nominations for completeness.
b. Membership Chair notifies nominees via email and/or phone.
c. Nominees are asked to submit the following to the Membership Chair:
    a. Self-evaluation (max 200 words)
    b. 2nd letter of recommendation from a professional colleague in addition to the nominator's letter, outlining support for the nominee's eligibility for the award
d. A Task force of 3 active members: Membership Committee Members, Board Member and/or past award recipients, will complete a blind review of eligible nominee applications.
e. Award recipient announced at the New England Chapter of the WOCN Society Fall Conference.

Nominee:

Name:_____

Address: _____

Phone numbers (work):_____(Cell)_____

Email: _____

Employer: _____

Nominator:

Name: _____

Address: _____

Phone numbers (work): _____(Cell)_____

Email: _____

Please send all submissions electronically to newenglandwocnmembership@gmail.com

*The deadline for submission will be strictly observed. Incomplete applications will not be reviewed.