



**Canadian  
Council of  
Cardiovascular  
Nurses**

**Conseil canadien  
des infirmières et  
infirmiers en soins  
cardiovasculaires**

**CCCN SUNDAY SPOTLIGHT FORM**

**1. Name of Spotlight Recipient:**

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**2. Enter recipient's city & province/territory (optional for display beside their name):**

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**3. How would you like the recipient's name to appear on social media?  
(E.g.: John Smith, John S., John, or J.S.)**

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**4. Tell us what makes this person shine! Enter your recognition message below, just as you'd like it to appear.**

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**5. Name of Recognition Giver:**

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**6. Enter recognition giver's city & province/territory (optional for display beside name):**

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**7. How would you like your name to appear under your message?  
(E.g.: John Smith, John S., John, or J.S.)**

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**\* Please email the completed form to [kathryn@cccn.ca](mailto:kathryn@cccn.ca). If attaching images for display, please ensure you have consent to share them.**