



NURSING EXCELLENCE RECOGNITION PROGRAM NOMINATION FORM

Tel: (613) 406-3548
Email: info@cccn.ca
www.cccn.ca

PLEASE CHECK ONE

Dr. Paula Price Research Excellence Award in Cardiovascular Nursing
Health Promotion and Advocacy Excellence Award in Cardiovascular Nursing
Lynne Child Clinical Excellence Award in Cardiovascular Nursing
Mae Gallant Leadership Excellence Award in Cardiovascular Nursing

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
Email kathryn@cccn.ca

Submission Deadline: March 31st

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