



Tel: (613) 406-3548  
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## NURSING EXCELLENCE RECOGNITION PROGRAM NOMINATION FORM

### 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](mailto:kathryn@cccn.ca)

***Submission Deadline: March 31<sup>st</sup>***

### 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