

## *25<sup>th</sup> Annual Carolyn Britton Nurse Excellence Award*

Do you know an individual that is a skilled nurse, as well as advocates for patients, families and the nursing profession, that you admire? If so, please nominate that individual for the 25<sup>th</sup> Annual Carolyn Britton Nurse Excellence Award. Nominees may be any Registered Professional Nurse living in or practicing in our district (which includes Chemung, Schuyler, Steuben and Tompkins Counties) that you feel demonstrates qualities that all nurses should strive for. All nominees will be asked to complete an application describing their nursing practice and submit it to the selection committee. The District must receive nominations no later than **March 6, 2009**. All nominees will be guests of the District at the May 2009 Annual Meeting, and will receive recognition for their outstanding service and a one-year free membership to our organization.

If you know someone who you wish to nominate, please fill out the form below or e-mail Lisa White, Selection Committee Chairperson, at [lwhite@aomc.org](mailto:lwhite@aomc.org) with the nominee's name, address, telephone number and place of employment along with a brief explanation of why the nominee should be selected for this award. Please include your name, address and phone number. All sources will remain confidential unless permission is sought to reveal the nominator.

Please take the time to recognize a deserving nurse whose practice you have come to admire.

### Carolyn Britton Nomination Form

I wish to nominate \_\_\_\_\_ for the 2009 Carolyn Britton Award.

Nominee's Address:

\_\_\_\_\_

Nominee's phone #: (\_\_\_\_) \_\_\_\_\_ Place of employment: \_\_\_\_\_

Brief explanation of why nominee should be selected for the award:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

**Mail to: Professional Nurses District #3  
P.O. Box 1171  
Elmira, NY 14902  
Must be received no later than March 6, 2009**