

DISTINGUISHED ALUMNA/ALUMNUS AWARD

NOMINATION FORM



GEORGIA BAPTIST COLLEGE OF NURSING

(Please print or type)

Nominee's Name	_____	_____	_____
	First	Last	Maiden
Home Address	_____	_____	_____
	Street	City	State Zip
Home Phone Number	_____	Graduation Year	_____
Job Title	_____		
Work Address	_____	_____	_____
	Street	City	State Zip
Work Phone Number	_____	E-mail Address	_____

Describe the nominee's qualifications according to the following criteria.

1. Proficiency in Practice: Explain how the nominee is recognized by nursing colleagues and others for outstanding nursing practice. Recommendations may be documented by evidence of certification, recommendations by colleagues, evidence of clinical achievement, etc. _____

2. Leadership and Participation in Professional Organizations: Detail how the nominee demonstrates a record of participation and leadership in relevant professional and health care organizations. _____

3. Community Involvement: Address how the nominee demonstrates contributions to the community at large by participation and leadership in community activities. _____

4. Scholarly and Research Activities: Describe how the nominee has contributed to the profession of nursing and health care by sharing ideas through writing, speaking, publishing and research. _____

Continued on next page.

5. Alumni Association Involvement: Explain how the nominee has contributed to and participated in the Alumni Association of Georgia Baptist School/College of Nursing. _____

Submitted by _____ Graduation Year _____

Address _____
Street City State Zip

Phone Number _____ E-mail Address _____

Signature _____ Date _____

ANY NOMINATION SUBMITTED WITHOUT CURRENT CURRICULUM VITAE OR RESUME WILL NOT BE CONSIDERED FOR THIS AWARD.

Please return this form to:

Shawna R. Dooley, University Advancement, 1400 Coleman Avenue, Macon, Georgia 31207
E-mail: dooley_sr@mercer.edu • Phone: (478) 301-2720 or (800) 837-2911 • Fax: (478) 301-4124