

# **COASN School Nurse of the Year Application**

## **GUIDELINES AND PROCEDURES FOR SUBMISSION OF APPLICATION**

1. Candidate must be currently employed as a full time Central Ohio School Nurse.
2. Nominee must be a registered professional nurse with five years experience as a School Nurse and a member of COASN current and preceding two years. More than 50% of applicant's time must be spent in direct care.
3. Application and letter of reference must be submitted in an 8½" by 11" flat folder or electronically.
4. Include in the nomination folder:
  - a. COASN School Nurse of the Year Nomination Form
  - b. Letter stating support and rationale for nomination **signed by nominator.**
  - c. Supporting letters of recommendation:
    - minimum of one (1) and maximum of six (6) letters and letters may be reduced only to one-half page
    - letters may be from school nurse colleagues, administrators, supervisors, teachers, parents, students, or others
    - letters should describe specific issues or topics related to nominee's qualifications for the award.
5. The total folder is not to exceed 6 pages.
6. Submit electronically or by mail, **postmarked no later than December 31, 2011.**
7. The winner will be selected by a committee composed of at least three judges with expertise in school nursing, education, and community health. Their decision will be final, and all nominators and nominees will be notified of the winner.

## Central Ohio Association of School Nurses School Nurse of the Year Nomination Form

(Please print or type)

Candidate's

Name \_\_\_\_\_

Home

Address \_\_\_\_\_

City, State

ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_

(Home) (Work)

Employer's

Name \_\_\_\_\_

Employer's

Address \_\_\_\_\_

Candidate's current

position \_\_\_\_\_

Number of years in present

position \_\_\_\_\_

Number of years in school

nursing \_\_\_\_\_

Provider of direct nursing care in practice (> 50%) YES \_\_\_\_\_ NO \_\_\_\_\_

Grade levels

served \_\_\_\_\_

Number of students served

presently \_\_\_\_\_

Position full time (by guidelines standard) YES \_\_\_\_\_ NO \_\_\_\_\_

Licensed School Nurse YES \_\_\_\_\_ NO \_\_\_\_\_

Member of COASN for at least 2 years YES\_\_\_\_\_ NO\_\_\_\_\_

Member of OASN for at least 2 years YES\_\_\_\_\_ NO\_\_\_\_\_

Nomination submitted by \_\_\_\_\_

Nominator's Address \_\_\_\_\_

Nominator Email \_\_\_\_\_

Nominator Phone Number \_\_\_\_\_

**Please return the completed form along with supporting letters of recommendation and any attachments to:**

Shanna Huber, RN  
2345 W. Mound Street  
Columbus, Ohio 43204

**Submit original application electronically** to Shanna Huber @  
shuber1328@columbus.k12.oh.us

DEADLINE FOR NOMINATIONS IS December 31, 2011