

2. EDUCATIONAL BACKGROUND

Indicate degrees, educational institutions, and dates. For continuing education indicate title/topic, dates and number of contact hours to support current or updated knowledge base in occupational health issues.

A. RN Program _____

B. Advanced Degrees _____

C. Continuing Education (LAST 3 YEARS)

| Topics | Dates | # Contact Hours |
|---------------|--------------|------------------------|
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3. PROFESSIONAL RESPONSIBILITIES / ACTIVITIES

A. Job Responsibilities.

This award focuses on and must include examples of involvement in **Direct Patient Care** of injuries, illnesses, health education, safety, environmental, etc.) **Describe Fully. LAST 3 YEARS**

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

B. Interdisciplinary Roles and Additional Contributions to Occupational and Environmental Health / Safety

Include health / safety / environmental activities, programs, or responsibilities that require working with other departments / organizations. Explain departments, role and give dates. **Do Not Duplicate information in other areas. LAST 3 YEARS.**

1. _____

2. _____

3. _____

C. Educational Programs/Presentations

Include health / wellness classes, lectures past or present, that you planned / conducted for employees, management, health care providers and others. Indicate title/topic, date, audience type and size, stating if you planned, conducted, or were responsible for both. **LAST 3 YEARS.**

Less than 4 Hours

| Title/Topics | Dates | Audience | Size |
|---------------------|--------------|-----------------|--------------|
| 1. _____ | | | P C B |
| 2. _____ | | | P C B |
| 3. _____ | | | P C B |
| 4. _____ | | | P C B |

4 Hours or More

| Title/Topic | Dates | Audience | Size |
|--------------------|--------------|-----------------|--------------|
| 1. _____ | | | P C B |
| 2. _____ | | | P C B |
| 3. _____ | | | P C B |
| 4. _____ | | | P C B |

7. IDENTIFY NOMINATORS.

A. Primary Nominator Information

Name _____
Position _____
Employer _____
Address _____
Telephone Work () _____ Home () _____
FAX Work () _____ Home () _____
E-mail Work _____ Home _____
Local Chapter _____
Nominator's Signature _____

B. List Two NCAOHN members who support this nomination

Name _____
Position _____
Employer _____
Address _____
Telephone Work () _____ Home () _____
FAX Work () _____ Home () _____
E-mail Work _____ Home _____
Local Chapter _____

Name _____
Position _____
Employer _____
Address _____
Telephone Work () _____ Home () _____
FAX Work () _____ Home () _____
E-mail Work _____ Home _____
Local Chapter _____