



**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)**

<b>Topics</b>	<b>Dates</b>	<b># Contact Hours</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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. Please put **P** beside the program if you planned it, **C** if conducted it, or **B** if you did both. **LAST 3 YEARS.**

**Less than 4 Hours**

<b>Title/Topics</b>	<b>Dates</b>	<b>Audience</b>	<b>Size</b>	<b>P C B</b>
1. _____				
2. _____				
3. _____				
4. _____				

**4 Hours or More**

<b>Title/Topic</b>	<b>Dates</b>	<b>Audience</b>	<b>Size</b>	<b>P C B</b>
1. _____				
2. _____				
3. _____				
4. _____				





**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 \_\_\_\_\_