



Nomination Form

Please ensure that you have submitted the following nomination form by prescribed deadline. Appropriate documentation must be submitted according to respective criteria for each award. Feel free to contact NANB if you require additional clarification or interpretation of the criteria or nomination form. This form may be duplicated as required. You may not nominate yourself for an award.

Life Membership

Honourary Membership

Excellence in Clinical Practice

Award of Merit

Nursing Practice

Administration

Education

Research

Entry-Level Nurse Achievement Award

Nominee / Name:	
NANB registration number: (if applicable):	
Address:	Street
	City
	Postal code
Telephone: Res. ()	Bus. ()
Email:	
Employer:	Position:
Nominee signature:	



NOMINATOR # 1 (Primary contact person - must be an RN)

Nominator / Name:	
NANB registration number:	
Address:	Street
	City
	Postal code
Telephone: Res. ()	Bus. ()
Email:	
Employer:	Position:
Relationship to nominee (i.e. co-worker, supervisor, etc.)	
Nominator signature:	

NOMINATOR # 2

Nominator / Name:	
NANB registration number: (if applicable):	
Address:	Street
	City
	Postal code
Telephone: Res. ()	Bus. ()
Email:	
Employer:	Position:
Relationship to nominee (i.e. co-worker, supervisor, etc.)	
Nominator signature:	

* Refer to the specific award criteria