



GEORGIA ASSOCIATION OF SCHOOL NURSES
Georgia School Nurse RN of the Year Award
Georgia School Nurse LPN of the Year Award
Georgia School Nurse Administrator of the Year Award

TO: Superintendents, Principals, Lead Nurses, Health Services Coordinators and other professional colleagues

FROM: Carol L Martin BSN RN

School Nurse of the Year Committee Chair

Martin.carol@newton.k12.ga.us

(Newton County Schools 2109 Newton Dr NE Covington 30014)

You have the opportunity to nominate an individual for each of the following categories:

“Georgia School Nurse RN of the Year”
“Georgia School Nurse LPN of the Year”
“Georgia School Nurse Administrator of the Year”

The purpose of the GASN School Nurse Awards is to publicly recognize school nurses statewide by annually honoring one school nurse in each of three categories who demonstrate excellence in school nursing practice and leadership in school health. The following criteria have been established by the **Georgia Association of School Nurses**. Please review the criteria and submit your nomination to the address provided, postmarked no later than April 17.

Nominee must be a Registered Nurse, or a Licensed Practical Nurse, who is also a member of the Georgia Association of School Nurses.

The Georgia School Nurse of the Year Committee will review the nomination. This award will be presented at the annual Georgia Association of School Nurses Conference. Please recognize your outstanding nurses for these prestigious titles. The recipients of the Georgia School Nurse of the Year Award and the Georgia School Nurse Administrator of the Year Award will then be submitted to the National Association of School Nurses if they meet the criteria for those awards. We look forward to receiving your candidate’s names and accomplishments.



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 Georgia School Nurse Administrator of the Year Award

Selection criteria for School Nurse of the Year Awards:

Nomination folder must be submitted electronically no later than **April 17**.

REQUIREMENTS

| FOR SCHOOL NURSE LPN OF THE YEAR AWARD | FOR SCHOOL NURSE RN OF THE YEAR AWARD** | FOR SCHOOL NURSE ADMINISTRATOR OF THE YEAR AWARD** |
|---|---|--|
| Licensed Practical Nurse | Registered Professional Nurse | Registered Professional Nurse |
| Member of GASN for current and preceding two years | Member of GASN for current and preceding two years | Member of GASN for current and preceding two years |
| Three years of experience as a school nurse | Three years of experience as a school nurse | Three years of experience in school health |
| Currently practices as a school nurse at full-time status in their district | Currently practices as a school nurse at full-time status in their district | Currently practices full time as a school nurse administrator |
| More than 50% of nominee's time must be spent in direct care | More than 50% of nominee's time must be spent in direct care | Has as his/her main responsibility the supervision, administration and coordination of nursing service and health programs |

*****Winners of these awards will be evaluated for qualification of National Award, based on a NASN membership of at least 2 years for RN and 5 years for Administrator, and Bachelor's Degree or higher for Administrator.***



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“GEORGIA SCHOOL NURSE RN OF THE YEAR AWARD”

INSTRUCTIONS: Complete this form, attach supporting documents and submit electronically to:

Carol Martin BSN RN
Newton County Schools
Martin.carol@newton.k12.ga.us

Please submit no later than **April 17**. Any nominations after this date will not be accepted.

NOMINEE: _____

HOME ADDRESS: _____

SCHOOL ADDRESS: _____

SS#: _____

HOME PHONE: _____ SCHOOL PHONE: _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

PHONE: _____

FAMILY MEMBER CONTACT NAME: _____

FAMILY MEMBER PHONE: _____

Present Position: _____

Number of years in present position: _____

Number of years in school nursing: _____

Number of students served: _____

Grade levels served in present position: _____

Position full-time YES NO

Provider of direct nursing care in practice YES NO

Registered Nurse YES NO

Member of GASN, current and previous two years YES NO

Nomination submitted by: _____

Submitter's Organization: _____

Submitter's Address: _____

Submitter's Phone Number: _____

Date Submitted: _____

The decision of the Committee is final and not subject to appeal.



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“GEORGIA SCHOOL NURSE LPN OF THE YEAR AWARD”

INSTRUCTIONS: Complete this form, attach supporting documents and submit electronically to:

Please submit no later than **April 17**. Any nominations after this date will not be accepted.

NOMINEE: _____

HOME ADDRESS: _____

SCHOOL ADDRESS: _____

SS#: _____

HOME PHONE: _____ SCHOOL PHONE: _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

PHONE: _____

FAMILY MEMBER CONTACT NAME: _____

FAMILY MEMBER PHONE: _____

Present Position: _____

Number of years in present position: _____

Number of years in school nursing: _____

Number of students served: _____

Grade levels served in present position: _____

Position full-time YES NO

Provider of direct nursing care in practice YES NO

Licensed Practical Nurse YES NO

Member of GASN, current and previous two years YES NO

Member of NASN, current and previous two years YES NO

Nomination submitted by: _____

Submitter's Organization: _____

Submitter's Address: _____



GEORGIA ASSOCIATION OF SCHOOL NURSES

Georgia School Nurse RN of the Year Award

Georgia School Nurse LPN of the Year Award

Georgia School Nurse Administrator of the Year Award

Submitter's Phone Number: _____ Date Submitted: _____

The decision of the Committee is final and not subject to appeal.

“GEORGIA SCHOOL NURSE ADMINISTRATOR OF THE YEAR AWARD

Carol L Martin BSN RN

Newton County Schools

Martin.carol@newton.k12.ga.us

INSTRUCTIONS: Complete this form, attach supporting documents and submit electronically to:
Please submit no later than **April 17**. Any nominations after this date will not be accepted.

NOMINEE: _____

HOME ADDRESS: _____

SCHOOL ADDRESS: _____

SS#: _____

HOME PHONE: _____ SCHOOL PHONE: _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

PHONE: _____

FAMILY MEMBER CONTACT NAME: _____

FAMILY MEMBER PHONE: _____

Present Position: _____

Number of years in present position: _____

Number of years in school nursing: _____

Grade levels supervised in present position: _____

Number of nurses supervised: _____

Number of students served: _____

Position full-time YES NO

Provider of direct nursing care (Indicate what %) YES NO _____ %

Registered Nurse YES NO

Member of GASN, current and previous two years YES NO

Member of NASN, current and previous two years YES NO

Nomination submitted by: _____

Submitter's Organization: _____

Submitter's Address: _____



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Submitter's Phone Number: _____ Date Submitted: _____

The decision of the Committee is final and not subject to appeal.

I. PROCEDURE FOR SUBMISSION OF APPLICATION (FOR ALL CATEGORIES)

A. Information must be submitted electronically as attachments to the email.

B. Include in the nomination folder:

1. GASN Nomination Form signed by nominating individual.
2. Curriculum vitae signed by nominee.
3. Narrative describing the nominee's contributions in each of the categories named in the CRITERIA FOR SELECTION. Narrative signed by nominee.
4. Supporting letters of recommendation.
5. Maximum of four (4) letters, each limited to one page.
6. Letters may be from school nurse colleagues, administrators, supervisors, teachers, parents, students, or others.
7. Letters should describe specific issues or topics related to nominee's qualifications for the award. Use Scope and Standards of Professional School Nursing Practice (copyright 2017, National Association of School Nurses and American Nurses Association), and American Nurses Association Scope and Standards for Nurse Administrators, 3rd edition, (copyright 2017) as references.
8. Letters should directly reflect areas of rating that writer wishes to emphasize.
9. Local and affiliate acronyms must be spelled out when used for the first time.

C. The total folder is not to exceed 20 pages (20 one-sided or 10 two-sided). This does not include the cover or the application page itself.

D. Submit the original forms of the completed nomination folder, electronically no later than April 17th to committee chair: _____

Carol L Martin BSN RN

Newton County Schools

martin.carol@newton.k12.ga.us OR

2109 Newton Drive NE Covington 30014

The committee chair will verify date the email with attachments was sent.



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II. CRITERIA FOR SELECTION

A. SCHOOL NURSE RN OF THE YEAR / SCHOOL NURSE LPN OF THE YEAR

Based on Scope and Standards of Professional School Nursing Practice (Copyright 2017, National Association of School Nurses and American Nurses Association 3rd edition)

1. Quality of Care
2. Performance Appraisal & Ethics
3. Education
4. Collegiality
5. Collaboration
6. Research
7. Resource Utilization
8. Communication
9. Program Management
10. Health Education

B. SCHOOL NURSE ADMINISTRATOR OF THE YEAR

Based on American Nurses Association Scope and Standards for Nurse Administrators, 3rd edition (copyright 2017)

1. Clinical Practice Leadership
2. Administrative Leadership
3. Professional Development
4. Professional Advocacy Activity
5. Community Involvement
6. Research



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