



GEORGIA ASSOCIATION OF SCHOOL NURSES
Georgia School Nurse of the Year Award
Georgia School 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: Connie Trent RN BSN
School Nurse of the Year Committee Chair
ctrent@forsyth.k12.ga.us
(Forsyth Co. Schools 1120 Dahlonega Hwy, Cumming, 30040)

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

“Georgia School Nurse of the Year”
“Georgia School 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 15.

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.



GEORGIA ASSOCIATION OF SCHOOL NURSES
 Georgia School Nurse of the Year Award
 Georgia School LPN of the Year Award
 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 15**.

REQUIREMENTS

FOR SCHOOL LPN OF THE YEAR AWARD	FOR SCHOOL NURSE 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.***



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

“GEORGIA SCHOOL NURSE OF THE YEAR AWARD”

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

Connie Trent R.N. BSN
Forsyth County Schools
ctrent@forsyth.k12.ga.us

Please submit no later than **April 15**. 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.



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

“GEORGIA SCHOOL LPN OF THE YEAR AWARD”

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

Connie Trent R.N. BSN
Forsyth County Schools
ctrent@forsyth.k12.ga.us

Please submit no later than **April 15**. 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 of the Year Award

Georgia School 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”

Connie Trent R.N. BSN

Forsyth County Schools

ctrent@forsyth.k12.ga.us

INSTRUCTIONS: Complete this form, attach supporting documents and submit electronically to:
Please submit no later than **April 15**. 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: _____



GEORGIA ASSOCIATION OF SCHOOL NURSES

Georgia School Nurse of the Year Award

Georgia School 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.

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 2001, National Association of School Nurses and American Nurses Association), and American Nurses Association Scope and Standards for Nurse Administrators, 2nd edition (copyright 2004), 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 15 to committee chair: _____

Connie Trent RN BSN

Forsyth County Schools

ctrent@forsyth.k12.ga.us **OR**

1120 Dahlonega Hwy, Cumming 30040

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



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

II. CRITERIA FOR SELECTION

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

Based on Scope and Standards of Professional School Nursing Practice (Copyright 2004, National Association of School Nurses and American Nurses Association)

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, 2nd edition (copyright 2004)

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