



## NATIONAL AMERICAN ARAB NURSES ASSOCIATION

### Angel of Mercy Award Nomination Form

The National American Arab Nurses Association (NAANA) is pleased to announce that it is accepting nominations for its annual prestigious nursing recognition, the Angel of Mercy Award.

**Deadline for Submission: July 31, 2018**

#### Criteria for Nomination:

- Nominees must be a Licensed Practical Nurse (LPN), Registered Nurse (RN), Advanced Practice Nurse (APN), Doctor of Nursing Practice (DNP) or Doctor of Philosophy in Nursing (PhD)
- The nominee should be involved in clinical practice, leadership, research and/or health education related to the Arab American community.

#### Application Requirements:

- In a 2- to 3-page statement (12-point font), please address why the Arab American nurse deserves recognition? Please tell us:
  - How has he/she made a significant impact on patient care and/or the nursing profession?
  - In a clearly illustrated scenario, how has he/she demonstrated excellence in nursing?
  - How has he/she demonstrated commitment and dedication to:
    - Influencing change in nursing?
    - Improving health care?
    - The Arab American community?
  - Has his/her work led to processes that will remain in place over time? If so, please elaborate.
- Attach a current resume.
- Nomination form (attached)

Submit all documents to [angelofmercy@n-aana.org](mailto:angelofmercy@n-aana.org)

The Angel of Mercy awards are presented annually at the Angel of Mercy Dinner in October. The winner must attend the ceremony, which will take place on Thursday, October 18, 2018. Recipients will be notified in August.



**ANGEL OF MERCY  
NOMINATION FORM**

**Nominee Information**

Name: \_\_\_\_\_

Credentials (e.g., LPN, RN, MSN, APRN, DNP, PhD): \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # (please circle: home/mobile/work): \_\_\_\_\_ E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Current CNO & CEO: \_\_\_\_\_

**Nominator Information**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Healthcare Institution/Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # (please circle: home/mobile/work): \_\_\_\_\_ E-mail: \_\_\_\_\_

Briefly describe your relationship to the nominee (colleagues/peer/advisor/supervisor, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please ensure that this form is included when submitting your professional statement on the nominee.

Submissions should be sent via e-mail to [angelofmercy@n-aana.org](mailto:angelofmercy@n-aana.org)