



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: August 31, 2022

Criteria for Nomination:

- Nominees must be Licensed Practical Nurses (LPN), Registered Nurses (RN), Advanced Practice Nurses (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 2–3-page statement (12-point font), please address why this 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

**The Angel of Mercy Award will be presented at the 11th Angel of Mercy event on October XX, 2022. The winner must attend the ceremony, which will be conducted in person at Byblos Banquets
7258 Chase Road, Dearborn, MI 48126
Recipients will be notified by September 30, 2022.**



ANGEL OF MERCY AWARD NOMINATION FORM

Nominee Information

Name: _____

Credentials (e.g., LPN, RN, BSN, MSN, APRN, DNP, PhD): _____

Title: _____

Address: _____

Phone Number: _____ Home Mobile Work

E-mail: _____

Current Employer: _____

Current CNO & CEO: _____

Nominator Information

Name: _____

Title: _____

Institution/Affiliation: _____

Address: _____

Phone Number: _____ Home Mobile Work

E-mail: _____

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

Please include this form when submitting your professional statement on the nominee along with a 2–3-page statement. Submit nomination form via e-mail to angelofmercy@n-aana.org

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