



Colorado Association of School Nurses

School Nurses Make a Difference: Supporting Student Success

CASN SCHOOL NURSE ADMINISTRATOR OF THE YEAR 2017 NOMINATION FORM

Instructions:

1. Complete this form
2. Attach a letter(s) supporting this nomination
3. Send to: Karen_O'Keeffe@dpsk12.org. please put CASN SNAOY in subject line.
4. Nominations will be accepted from May 11-26, 2017.
5. Nominee's will be announced on the CDE List serve on June 1, 2017.
6. CASN School Nurse Administrator of the Year will be announced during the Annual Conference banquet November 4, 2017.

Nominee's name:

Home Address:

Phone Number: Home:

Work:

Email Address:

Employer's Name:

Employer's Address:

Present Position:

Percent of time providing School Health Service/School Nursing Administration

Number of years as administrator: _____ Number of years in school nursing: _____

Grade levels served in present position:

Number of nurses supervised : _____

Position full-time: Yes _____ No _____

Provider of direct nursing care in practice:

Registered Nurse:

Current member of CASN and previous five years: Y x N _____ * **must answer yes to be eligible**

Nomination submitted by:

Date: