

## **“Friend of Nursing” Award**

**This is an award from the Nu Chapter and must be approved by the Board of Directors. Submit completed form with attachments as listed to [SON-STTI@mail.ad.uab.edu](mailto:SON-STTI@mail.ad.uab.edu).**

**\*\*\*Nominations can be made anytime throughout the year but awards will occur at a regularly scheduled STTI Nu Chapter event and attendance at the event is mandatory to receive the award. \*\*\***

The “Friend of Nursing” Award is conferred by local chapters and recognizes an individual or organization that is not eligible for regular membership but has impacted the chapter, the local nursing or health care community, and/or the health of people in a significant way.

### **Criteria:**

Nominees for the “Friend of Nursing” Award must:

- ♦ Demonstrate a commitment to the ideals and purposes of Sigma Theta Tau International.
- ♦ Demonstrate superior achievement and leadership in their field of work.
- ♦ Contribute to the long-term significance of the chapter, the nursing profession, and/or to the health of people within a local or regional area.

### **Nominators:**

Chapters should encourage all chapter members to submit nominations. (Nominations can only be accepted from chapter members.)

Some examples of individuals or organizations that may be nominated:

- ♦ A publisher who produces the chapter’s newsletter consistently and with a high level of excellence.
- ♦ A person who produces and/or maintains the chapter’s Web site.
- ♦ A local business that consistently sponsors the chapter or donates time, money, resources or services for chapter events.
- ♦ A member of the support staff of the nursing school who consistently exceeds the expectations required of his or her job.
- ♦ Non-nursing instructors who have taken additional steps to help teach nursing students within their university.
- ♦ Individuals who have made significant contributions to nursing or to advance the nursing profession or the health of people on a local or regional level.

*(This list is not inclusive.)*

### **Nomination Form:**

A sample of the nomination form can be found below and used internally for chapters. Please be sure to provide specific deadline date and chapter contact where forms should be returned and where additional information can be obtained.

### **Certificates/award:**

Headquarters will provide customized certificates for chapters for US \$12.50 per certificate and hardcover presentation folder. Please submit a Certificate Request Form and allow two weeks for delivery of certificates.



# Sigma Theta Tau International Honor Society of Nursing®

## Nu Chapter Friend of Nursing Award

### Nomination Form

#### Deadline:

Nominees for the "Friend of Nursing" Award must:

- ♦ Demonstrate a commitment to the ideals and purposes of Sigma Theta Tau International.
- ♦ Demonstrate superior achievement and leadership in their field of work.
- ♦ Contribute to the long-term significance of the chapter, the nursing profession and/or to the health of people within a local or regional area.

Name of Nominee: *(if organization, please list full name)*

Full Mailing Address:

Phone Number: **(205) 968-9155** E-mail Address: \_\_\_\_

Additional submission requirements:

- ♦ One- to two-page letter from nominator specifying how nominee meets criteria.
- ♦ Two additional letters of recommendation (from individuals or groups other than nominator).

Nomination submitted by:

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

Full Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Send complete entry forms to:

(Specify chapter contact's name and address)

If you have any questions about the application or criteria, please contact (name of chapter contact) at (phone number) or (e-mail address).



# Sigma Theta Tau International Honor Society of Nursing®

**Friend of**

**Nursing**

## **Award**

### **Certificate Request Form**

Please print or type the full name (as it should appear on the certificate, include credentials if applicable) of the individual or organization that is receiving the award:

- 1) \_\_\_\_\_
  - 2) \_\_\_\_\_
  - 3) \_\_\_\_\_
  - 4) \_\_\_\_\_
  - 5) \_\_\_\_\_
  - 6) \_\_\_\_\_
  - 7) \_\_\_\_\_
  - 8) \_\_\_\_\_
  - 9) \_\_\_\_\_
- (Please attach additional sheet if conferring more than ten awards.)*

**Name of Chapter:** \_\_\_\_\_

**Chapter Contact Person** (where certificates will be sent): \_\_\_\_\_

**Full Mailing Address (do use PO Box's):** \_\_\_\_\_

\_\_\_\_\_

**Daytime phone or e-mail address:** \_\_\_\_\_

(where questions about order may be addressed)

#### **Mail or fax form to:**

Sigma Theta Tau International  
Attn: Constituent Services  
550 West North Street  
Indianapolis, IN 46202-2157 USA  
Fax: 317.634.8188

Please allow two weeks for delivery of certificates.