MARCH OF DIMES NURSE OF THE YEAR AWARDS
BIOGRAPHICAL DATA FORM

PLEASE TYPE or PRINT LEGIBLY

This form is also available on the website www.marchofdimes.org/nevada
Scroll down to “EVENTS” & Click on “GO”

Name:       Home Phone:           Work Phone:

Home Address:       City:     State:   Zip:

Employer:       Title:    Since:

Employer Address:      City:    State:  Zip:

Home Email:       Work Email:

Resident of Nevada since:     Nurse Since:

Please list any other employers/affiliations between July 1, 2014 and June 30, 2015:

Signature:                                                           Date:

DIRECTIONS TO COMPLETE OFFICIAL NOMINEE APPLICATION (Read Carefully):

☐ If you have won a category, please do not submit a bio form for a nomination in same category. Previous
  winners may be nominated if it has been at least five years and they qualify for a different category.

☐ Fill out the form completely. Do not leave blanks (mark N/A where applicable).

☐ Please limit the time frame for information from the past year – July 1, 2014 to June 30, 2015
  Must meet time frame to be eligible for judging! Include all work-related and personal achievements that
  occurred in the past year – nothing is “too big” or “too small!”

☐ Please DO NOT submit a Resume or CV (Curriculum Vitae) in place of the Biographical Form. Doing so will
  affect the judging process and result in a lower score.

☐ Handwriting must be legible – illegible handwriting will affect the judging process and result in a lower
  score.

☐ Please read all instructions carefully under each heading and formulate your answer from your perspective.

☐ Do not repeat or use items in multiple categories.

☐ Please contact your Facility’s Nurse of the Year Committee Representative or contact the March of Dimes
  directly if you have any questions or need further assistance.

☐ Please return the completed form (TWO COPIES) to your facility NOTY Committee Representative or
  mail directly to the March of Dimes office: 5564 South Ft. Apache, Suite 100, Las Vegas, NV 89148 no
  later than OCTOBER 15, 2015.
Please **CHECK ONLY ONE** category below to indicate your **PRIMARY** area of nursing practice.

Please note that your job description must support the category!

<table>
<thead>
<tr>
<th>Category</th>
<th>Includes</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMBULATORY CARE, BEHAVIORAL HEALTH &amp; PUBLIC HEALTH</td>
<td>Public Health, Clinic, Office &amp; other Ambulatory Care Settings and/or school, Parish &amp; Prison nursing. Mental Health &amp; Addictive Services.</td>
</tr>
<tr>
<td>CASE MANAGEMENT</td>
<td>Nurses actively engaged in the professional practice of Case Management in any health care setting. One who performs clinical assessments and/or advocates for appropriate patient admissions to specialty units/programs.</td>
</tr>
<tr>
<td>CHARGE NURSE ~ GENERAL MEDICAL &amp; SURGICAL</td>
<td>Includes nurse’s in general medical and surgical areas of nursing who function in the charge nurse role.</td>
</tr>
<tr>
<td>CHARGE NURSE /SPECIALTY</td>
<td>Includes nurses in any specialty unit area of nursing who function in the Charge Nurse role. Includes Adult ICU/CCU, IMC, ER, Surgical, Labor &amp; Delivery, NICU with intermediate care units &amp; PICU.</td>
</tr>
<tr>
<td>CRITICAL CARE</td>
<td>Includes Adult Critical Care, Cath Lab &amp; Interventional Radiology.</td>
</tr>
<tr>
<td>EDUCATION</td>
<td>Includes University, College, Facility Based Educator &amp; Community Outreach Educator.</td>
</tr>
<tr>
<td>EMERGENCY</td>
<td>Adult/Pediatric ER, Flight, Ambulance, Pre-Hospital, Telephone Triage, Trauma &amp; Recitation.</td>
</tr>
<tr>
<td>GENERAL MEDICAL/SURGICAL</td>
<td>Medical, Surgical, Orthopedics, Neurological, Renal Respiratory, Cardiovascular, Nursing dependent upon specialty for either category.</td>
</tr>
<tr>
<td>HOSPICE NURSING &amp; PALLIATIVE CARE</td>
<td>Nursing in inpatient/outpatient Hospice &amp; Palliative Care in any Health Care setting.</td>
</tr>
<tr>
<td>HOME HEALTH</td>
<td>Nursing in all Home Care settings.</td>
</tr>
<tr>
<td>INFECTION CONTROL</td>
<td>Nursing in Infection Control &amp; Employee Health.</td>
</tr>
<tr>
<td>LONG TERM ACUTE CARE/LONG TERM/REHAB</td>
<td>Nurses caring for patients in specialty Long Term Acute Care Hospitals, Skilled Nursing Facilities, Acute Rehabilitation Long Term Care Facilities &amp; Traumatic Brain Units.</td>
</tr>
<tr>
<td>SPECIALTY PRACTICE</td>
<td>Nurses in Specialty Practice Settings; Stroke Coordinator, Dialysis Nursing, Chest Pain Coordinator, Wound Care, Anticoagulation, Diagnosis Based Specialty, Vascular Access, Transplant Coordinators &amp; Diabetes Educators.</td>
</tr>
<tr>
<td>NURSING ADMINISTRATION</td>
<td>Includes Entrepreneurs, Researchers, Consultants, CNE’s, CNO’s &amp; VP’s.</td>
</tr>
<tr>
<td>NURSING MANAGEMENT</td>
<td>Those with supervisory roles in a clinical or non-clinical setting: Department Directors/Department Managers and House Supervisor.</td>
</tr>
<tr>
<td>ONCOLOGY NURSING</td>
<td>Nursing in all oncology settings, adult and pediatric.</td>
</tr>
<tr>
<td>PEDIATRIC CRITICAL CARE</td>
<td>Includes all Pediatric &amp; Neonatal Critical Care Areas.</td>
</tr>
<tr>
<td>PEDIATRIC NURSING</td>
<td>Nursery, general pediatric units, pediatric clinics.</td>
</tr>
<tr>
<td>RISING STAR!</td>
<td>Any RN or LPN practicing LESS than TWO YEARS.</td>
</tr>
<tr>
<td>SURGICAL SERVICES</td>
<td>Perioperative, Preoperative, PACU, Day Surgery, OR &amp; Endoscopy.</td>
</tr>
<tr>
<td>WOMEN'S HEALTH</td>
<td>Antepartum, Intrapartum, Maternal/Baby Care, Postpartum &amp; Gynecology.</td>
</tr>
</tbody>
</table>
I. Testimonials  
(Judging = 35%)

Guidelines for testimonials, essays or recommendation letters:

- Please **do not** submit on company letterhead and only use nominee’s name **one time**!
- Please limit information to the time frame from: **JULY 1, 2014 TO JUNE 30, 2015**
- Recommendation letters must include the nominee’s name and must be signed along with title or affiliation.
- Testimonials, essays, and letters should address any, or all, of the following:
  - *How did you/they contribute to a positive patient outcome?*
  - *Patient/customer satisfaction.*
  - *Innovative, team work, advocacy nursing theory.*
  - *Contribution to improving nursing care and outcome.*
  - *What makes this person stand out in the profession of Nursing?*
  - *Positively influencing peers and/or patient.*
  - *Policy and Program development.*
  - *Any contributions to the profession of nursing.*

You can submit up to 3 of the following:

- Personal Essay and/or Letter of Recommendation/Essay from a:
  - Supervisor - Family Member(s)
  - Co-Worker - Yourself
  - Patient - Etc.

II. Professional Healthcare Organizations  
(Judging = 10%)

Guidelines for Professional Organizations:

- Must include name of the organization (professional healthcare-related organizations)
- Must have been involved between July 1, 2014 and June 30, 2015
- List current memberships
- List current offices (i.e., President, Secretary)
- List current committees (i.e., Chair, member)
- List current taskforces
- Briefly describe contributions, responsibilities, and leadership activities
- Example of organizations included here are ANA, ENA, AACN, CMSA, NNA, PNAN, hospital policy committee, local chapter of intravenous nursing, etc.

III. Professional Certifications  
(Judging = 10%)

Guidelines for Professional Certifications:

- Please include copies of all current certifications including ACLS and Specialty Certificates. **If you do not provide the copies you will not receive the points.** Failure to do so will result in a lower score.
- Please check all current **professional certifications** at national, regional or local levels (ex: Certified obstetric nurse, certified case manager) that you hold.

<table>
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<tbody>
<tr>
<td>o CCRN (Critical Care)</td>
<td>o PALS</td>
<td>o CRI</td>
</tr>
<tr>
<td>o NCC (OB/Neonatal)</td>
<td>o NRP</td>
<td>o CPUR</td>
</tr>
<tr>
<td>o CNOR (Operating Room)</td>
<td>o ENPC</td>
<td>o CPHQ</td>
</tr>
<tr>
<td>o CEN (Emergency)</td>
<td>o TNCC</td>
<td>o CIC</td>
</tr>
<tr>
<td>o Medical-Surgical Specialty</td>
<td>o S.T.A.B.L.E.</td>
<td>o Other</td>
</tr>
<tr>
<td>o Orthopedic Nursing</td>
<td>o Fetal Monitoring</td>
<td>o Other</td>
</tr>
<tr>
<td>o ACLS</td>
<td>o CCM</td>
<td>o Other</td>
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</table>
IV. Community and Volunteer Service  (Judging = 15%)

Guidelines for community and volunteer service:

- List community or volunteer service activities (i.e. Church, PTA, March of Dimes, or other service organizations).
- Provide dates – Must have happened between July 1, 2014 and June 30, 2015
- Outline committee work, leadership activities, and other contributions. (i.e. member, officer, or board rep in non-professional organization.)
- Don’t duplicate or repeat participation (i.e. if you are President of the PTA, you do not need to list all the activities of the PTA you will be scored on the highest level of participation).
- List all community and volunteer organizations and describe your involvement no matter how small.
- Some examples of activities:
  - March of Dimes
  - Parent Teach Groups
  - Church Volunteer
  - Other Non-profit Organizations
  - Club/Sports Volunteer
  - Youth Group Volunteer
  - Volunteer Work
  - Participation in fundraising events
  - Contributions to non-profit organizations (limited to 3)
  - Other

V. Professional Achievements  (Judging = 30%)

Guidelines for Professional Achievements:

- List professional achievements (i.e. presentations, publications, awards, in-services, newsletter articles, posters or other recognitions)
- Include date for achievement - Must have happened between July 1, 2014 and June 30, 2015
- Include organization (national, regional, local, and within your organization are appropriate)
- If the presentation or in-service is generally considered a function of your daily job then it will not be scored.
  - For example nurse educators will not receive credit for each in-service they conduct, but a bedside Med/Surg nurse who develops an in-service for their unit will receive points for this activity because it is above and beyond their daily duties.
- List all degrees received regardless of year, and if a degree was received within the past year (ex. BSN, MSN) please include copy of degree or transcript to verify year of completion. Extra points are earned in first year degree received. Points will not be scored if verification of year completed isn’t included.
- Some examples of professional achievements:
  - Nurse of the month
  - Received gold star for customer service
  - Southern Nevada Donor Champion for 2014 – Given by SNV Donor Council
  - Presented Poster Presentation at AANN Conference
  - Recognized as outstanding contributor to practice change among home health nurses
  - Served on peer review committee
  - Develop new program to assist novice nurses into practice