For your convenience, below is a list of information to gather prior to completing and submitting the online Nomination Form in one sitting.
Nominee's Information Required
Category (Select the appropriate one from the list on the form)
First Name
Last Name
Official Name for Print
Credentials
Employer
Dept
Title
Years in Nursing
Home/Work Mailing Address
City
Zip
Work Phone
Mobile Phone
Primary Email
All Education Institutions, Degrees Earned, Graduation Years
Narrative section: Describe why this candidate is being nominated and the manner in which she/he exemplifies the finest qualities of the nursing profession.
Advanced Nursing Certification(s) or Post Graduate Training/Experience
Society memberships and offices held(last 5 yrs)
Awards/Honors received
Research or Evidence Based Projects Conducted/Published

DO NOT COMPLETE THIS PDF. This list is compiled for your convenience to gather information prior to completing and submitting the online form. Please visit http://www.gsftx.org/excellence-in-nursing/ to access the link to login to the online nomination form.

Nominator's Information Required

First Name	
Last Name	
Official Name for Print	
Credentials	
Employer	
Dept	
Title	
Work Phone	
Mobile Phone	
Email	

DO NOT COMPLETE THIS PDF. This list is compiled for your convenience to gather information prior to completing and submitting the online form.
Please visit
http://www.gsftx.org/excellence-in-nursing/
to access the link to login to the online nomination form.

Executives' Information Required (CNE/CNO/Dean and CEO)

Exec First Name	
Exec Last Name	
Exec Employer	
Exec Title	
Exec Work Phone	
Exec Email	
CEO's First Name	
CEO's Last Name	
CEO's Email	