

**BETTY APPLE**  
**EXCELLENCE IN NURSING PRIZE**  
**NOMINATION FORM**

NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

EMPLOYMENT DATE: \_\_\_\_\_

CERTIFICATIONS: \_\_\_\_\_

\_\_\_\_\_  
Example: (ACLS, PALS, CCRN, Preceptor, etc)

Attached:

- \_\_\_\_\_ Two Letters of Reference
- \_\_\_\_\_ Nominee's summary/story of practice

For additional information contact Cindy Rauh, RN Vice President Patient Care Services

Nomination Form with supporting references and personal summary to be submitted to the Foundation office no later than August 31, 2011.