

Nurse Competence in Aging Award

The SOHN Nurse Competence in Aging Award is to recognize and reward nurses who have consistently demonstrated excellence in the delivery of skilled and compassionate care to the older adult within ORL-Head and Neck nursing.

PROCEDURE:

A. AWARD

1. The winner of the SOHN Nurse Competence in Aging Award will be selected by the Scholarship and Awards Committee.
2. This award may be made annually.
3. Applications will be reviewed by the SOHN Scholarship and Awards Committee.
4. An honorarium will be awarded.
5. The recipient will be recognized at the SOHN Annual Congress.

B. CRITERIA

1. Current RN license
2. Current SOHN member
3. A minimum of five years of ORL nursing
4. Consistently demonstrates excellence in the care of the older adult in ORL practice, research or education.
5. Serves as a role model to other ORL nurses
6. Nominations accepted from colleagues, patients and/or families
7. Recipient is selected by the Scholarship and Awards Committee and receives SOHN Board Approval

C. APPLICATION PROCESS

1. Completed application and nomination form must be received by July 1.
2. The application should include examples of exemplary performance and/or excellence in care of the older adult such as a letter of support from a colleague, publications, presentations, poster abstracts, clinical practice guidelines developed or awards received that relates to care of the older adult.

D. REVIEW PROCESS

1. The application with supporting documentation will be reviewed by the selection committee and announced at the annual Congress. The selection committee is comprised of the President, Vice President, Executive Director and the chairperson or designee of the Geriatric Special Interest Group.

The Nurse Competence in Aging Award application and scoring form is available from SOHN Headquarters.

Written: 2006

AWARD: Nurse Competence in Aging APPLICATION FORM

DIRECTIONS:

- 1. The form is to be completed by the nominator.
 - a. Responses must be typewritten on the form only.
 - b. Responses must be returned to SOHN Headquarters by July 1.
 - c. Return to: SOHN, 116 Canal St. Suite A, New Smyrna Beach, FL 32168
Fax: 386-423-7566, Phone: 386-428-1695

Information on Nominee:

Name _____ Nursing License #/STATE: _____

Address _____

City _____ State _____ Zip _____

Telephone: Home (____) _____ Work (____) _____

Employer: _____ Current Job Title: _____

Number of years in ORL Nursing: _____

1. Involvement in professional activities related to geriatrics (Examples include member of SOHN Geriatric Special Interest Group, member of other geriatric organizations, speaker or poster presentations on geriatric care, research and/or publications on geriatric care).

2. Statement on the outstanding contributions from the nominee in the care of the older adult in ORL Head & Neck nursing:

3. Goals for continued excellence in care of the older adult:

4. Attach supporting documentation. You may add additional pages if necessary.

Applicant Signature: _____

Date: _____