

**Xi Chi Chapter**  
Sigma Theta Tau, International  
Millersville University

**Nomination Form for the Award of Excellence in Nursing Practice**

**Directions:** This form is to be completed by the person making the nomination. Inform the nominee of your nomination to ensure his/her agreement. **Send the completed form** to individual listed on this web page by that specified date.

**Person making the nomination:**

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**Nominee:**

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

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The person making the nomination should submit information supporting the candidate's nomination by addressing how the nominee meets a minimum of three of the following criteria:

1. Nominee is a clinical expert, applying a strong knowledge of nursing practice and research. Peers, clients, and public recognize his/her expertise.
2. Nominee advances the scope and practice of clinical nursing by participation in legislation, professional organizations, the media and other means.
3. Nominee inspires peers' practice of nursing or shapes Xi Chi Chapter or Sigma Theta Tau, International development.
4. Nominee impacts the health of the community through the use of clinical nursing initiatives.
5. Nominee utilizes creativity and communication to further the practice of clinical nursing through technology, research, professional presentations, a scholarly publications.
6. Nominee demonstrates other significant areas of clinical practice contributions.