



PNAMH OUTSTANDING NURSE AWARD

The **PNAMH Outstanding Nurse Award** is a program established to recognize Filipino nurses who have made outstanding contributions and achievements as professional nurses in their field of specialty and have made a difference in the community.

The **PNAMH Outstanding Associate Nurse Award** is to recognize non-Filipino members who have made outstanding contributions and achievements as professional nurses in their field of specialty and have made a difference in the community.

To qualify for the award, the applicant must meet all the guidelines of his/her specialty area and answer the criteria questions completely, appropriately and honestly.

All applications will be handled by the Scholarship and Awards Committee. Screening and final selections will be made by the committee members through a blinded review process.

ELIGIBILITY CRITERIA

The Applicant:

- Must be a Filipino-American RN (for Outstanding Filipino Nurse) or a non-Filipino ethnic origin RN (for Outstanding Associate Nurse) currently licensed to practice in the State of Texas in any clinical or specialty area with a minimum of two (2) years experience.
- **Must be a current PNAMH member for a minimum of one (1) year by March 15 , 2024.**
- Must not have been a previous recipient of the PNAMH OFN or Associate Nurse Award.
- Must be nominated by a PNAMH member and consent to the nomination is required.

Awardees will be honored at the PNAMH Awards Ceremony on **May 11, 2024**.

Awardees **must** be present to receive the award.

PNAMH 2024 OFN Award Application

The application forms can be downloaded from PNAMH website: www.pnamh.com under Scholarship and Awards forms.

The application must be typewritten and organized in a binder based on required criteria with supporting documents.

It can be sent by:

- 1. Email to:** rdejesus1020@att.net
- 2. Mailed to:** PNAMH Scholarship and Awards Committee
Attn: Ruby De Jesus
2910 Perdido Bay Lane
Pearland TX 77584

All applications must be received on or before March 15, 2024.

NOMINATION / CONSENT FORM

Nominee: _____

Address: _____

Contact Information: Mobile: _____ Work: _____

Email Address: _____

Employer: _____

Business Address: _____

Present Position: _____

Please provide a description of specific examples or scenarios supporting your nominee for the Outstanding Filipino Nurse Award. Indicate significant achievements and/or outstanding contributions using the criteria as a guideline. Please include documentation of contributions and/or letters of recommendation.

I wish to nominate the person mentioned above for the award as indicated.

Signature of Nominator: _____ Date: _____

Address: _____

Contact Information: Mobile _____ Work _____

Email Address: _____

Attestation:

*I attest to all facts in this form and give permission for said facts to be verified and/or used for publication. If selected, I will attend the awards ceremony to be held on **May 11, 2024.***

Signature of Nominee: _____ Date: _____

PHILIPPINE NURSES ASSOCIATION OF METROPOLITAN HOUSTON, INC.
2024 OUTSTANDING FILIPINO NURSE AWARD

CRITERIA:

Please list your contributions per criterion **in bullets** and provide supporting documentations.

A. Nursing contributions/involvement in your institution: 20%

Role	Contribution

B. Leadership in the Nursing Profession: 10%

Role	Contribution

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C. Research, Evidence-based Activities and Quality Improvement Initiative: 10%

Role	Contribution

D. Contributions and Involvement with PNAMEH:

20%

Role	Contribution

E. Community Service Activities other than PNAMEH within the last 5 years:

10%

Role	Contribution

F. Awards, Recognitions, and Commendations within the last 5 years: 15%

Year	Awards, Recognitions and Commendations

G. Nursing Certifications within the last 5 years: 10 %

Year	Certifications



H. Membership to Other Professional Organizations within the last 2 years: 5%

Role	Contribution

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Please use extra sheets for each category as needed.

Check for completion of documents:

_____ Nomination Form (including Criteria A through H)

_____ CV / Résumé

_____ Proof / Documentation of accomplishments

_____ 2 x 2 photo (1)

_____ Copy of current PNAMEH membership card