



FOUNDATION FOR
HEALTHY COMMUNITIES

Clint Jones New Hampshire Nursing Award

Purpose: To recognize a registered nurse practicing in New Hampshire who exemplifies the practice of quality nursing care and demonstrates a career commitment to the nursing profession.

Selection Criteria: Demonstrates excellence and enthusiasm in these four areas:

1. Delivery of patient care
2. Communicating with patients, their families and healthcare colleagues
3. Commitment to nursing as a career, and
4. Inspires other nurses and healthcare professionals as a role model

Eligibility:

- Registered nurse who has practiced as an RN for at least 1 year but not more than 6 years.
- Practice may be full or part-time in a hospital, long-term care, home care, hospice or other health care practice setting.

Submitting Nominations:

- Each nomination must be accompanied by **only two** nomination letters – one from a direct supervisor and one from a peer colleague who is involved in patient care with the nominee. Together, the nominations must address each of the four selection criteria.
- Each nomination letter should be **double-spaced** and **not exceed two pages.**
- **A supervisor can only recommend one nominee**, otherwise it diminishes the perception of the award.
- Letters from residents/patients are optional and may be submitted with the supervisor's nomination.

An Award Committee will be convened and staffed by the Foundation for Healthy Communities. Representatives from the NH Hospital Association, Home Care Association of NH, NH Health Care Association, NH Organization of Nurse Leaders, NH Nurses Association and the NH Board of Nursing will be invited to participate.

The award will be presented this year at an event to be planned by the recipient's worksite.

Clint Jones worked with extraordinary enthusiasm and commitment at the Foundation for Healthy Communities and with several other New Hampshire organizations to encourage people to pursue a nursing career.

For more information contact: Bernie Cameron at the Foundation for Healthy Communities, 225-0900 or bcameron@healthynh.com.



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Clint Jones 2010 New Hampshire Nursing Award
Nomination Form

Name of Nominee: _____
Last *First* *MI*

Home Address: _____

Home Phone: _____ Work Phone: _____

Workplace: _____

Unit/Office _____

Work Address: _____

1. How long (years/months) has the nominee been employed at their current workplace? _____

2. What nursing school did the nominee attend? _____

3. What month/year did the nominee complete their nursing education for an RN? _____

Both the supervisor and the peer colleague should answer the following questions in 2 separate letters. Please double-space and limit each letter to no more than 2 pages:

4. Do you know the nominee as a peer colleague or as a supervisor?

5. Please describe and **provide a specific example(s)** of how the nominee demonstrates the delivery of high quality patient care and excellent communication with patients, families and colleagues.

6. Please describe and **provide example(s)** of how the nominee demonstrates a career commitment to nursing and inspires his/her health care colleagues.

Person Making Nomination: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

**Please return by April 9th by fax (225-4346) or mail to:
Lea Miner at the Foundation for Healthy Communities, 125 Airport Road, Concord, NH 03301**