



Organization for Associate Degree Nursing Foundation

Honor A Nurse

Nomination Form

The Honor a Nurse Program is an opportunity to recognize an outstanding nurse educator, administrator, practitioner, or researcher through a donation to the Organization for Associate Degree Nursing (OADN) Foundation. A donation of \$50.00 is recommended. Nominees are notified in writing that they will be recognized at the OADN Annual Convention. Please check the appropriate box if you want to be identified as the nominator.

Nominee/Honoree

Full Name: _____

Position: _____

Institutional Affiliation: _____

Institution City, State, Zip: _____

Preferred Mailing Address: _____

The mailing address above is a home or work address? _____

Nominator

Full Name: _____

Position: _____

Institutional Affiliation: _____

City, State, Zip: _____

Mailing Address: _____

The mailing address above is a home or work address? _____

I want to be identified as the nominator: ____yes ____no

If you choose, you may write reasons for the nomination here:

Mail the application, supporting documentation, and your \$50.00 donation to:

OADN Foundation, 7794 Grow Drive , Pensacola, FL 32514-7072
Fax: 850-484-8762 Email: harriet.mcclung@oadn.org
877-966-6236 www.oadn.org