

Kappa Tau Chapter
Sigma Theta Tau International

Nursing Excellence Awards/Folta-Deck Award: Nomination Form

Name of Nominee: _____
Street Address/PO Box: _____
City/State/Zip Code: _____
Telephone Number: _____
Chapter Affiliation: _____
Category: _____ Practice _____ Administration _____ Education _____ Folta-Deck

- I. Description of the nominee's contributions and accomplishments:
- A. Attach 2 letters of support describing how the nominee has demonstrated the criteria listed for the specified award.
 - B. Please organize the presentation by identifying the criteria by number.
- II. Additional material to be submitted with the nomination includes:
- A. Resume or curriculum vitae
 - B. Any supporting documentation from colleague(s) or other source which addresses the criteria for the specified award.

Nomination submitted by:

Name: _____
Address: _____

Telephone Number: _____

Deadline for Receipt of Nominations and Supporting Documentation: April 13, 2009

Please send nomination materials to:

**Patricia F. Donehower
26 Harbor Watch Road
Burlington, VT 05401**

If you have any questions, email donehowe@vnacares.org or call (802) 860-4433