



OUTSTANDING FILIPINO NURSE AWARD

The PNAMH Outstanding Filipino Nurse (OFN) 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.

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

THE APPLICANT MUST:

- Be a Filipino-American RN currently licensed to practice in the State of Texas in any clinical or specialty area with a minimum of 2 years' experience.
- **Never have previously received the OFN Award.**
- Be a current PNAMH member for a minimum of one (1) year by the nomination deadline.
- Be nominated by a PNAMH member.
 - Self-nominations will **not** be accepted
 - Awards Committee members **are** disqualified.
- **Consent** to the nomination by signing the nomination form.

Incomplete applications will be denied.

OFN Awardees will be honored at the PNAMH Awards Ceremony on **May 4, 2019.**

Awardees must be present to receive the award.

Application forms can be downloaded from the Pnamh website: www.pnamh.com under Scholarship and Awards Forms.

Please mail all completed forms and supporting documents to:

PNAMH Scholarship and Awards Committee

Attn: Shela Ecobiza, RN

10138 Woodwind Drive

Houston, TX. 77025

Mailed application must be neatly organized in a binder.

All applications must be received on or before April 5, 2019 (*Friday*).



NOMINATION / CONSENT FORM

Nominee: _____

Address: _____

Telephone# (H) _____ (W) _____

Present Position: _____

Employer: _____

Business Address: _____

Email Address: _____

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: _____

Telephone # (H) _____ (W) _____

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 4, 2019.***

Signature of Nominee: _____ Date: _____



PHILIPPINE NURSES ASSOCIATION OF METROPOLITAN HOUSTON, INC.

2019 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: 15%

Role	Contribution

C. Research and Evidence-based Activities (Publications, Lectures, Poster Presentations): 15%

Role	Contribution



D. Contributions and Involvement with PNAMH and/or PNAMH Foundation: 15%

Role	Contribution

E. Community Service Activities other than PNAMH and/or PNAMH Foundation: 10%

Role	Contribution



F. Awards, Recognitions, and Commendations within the last 5 years: 10%

Year	Awards, Recognitions and Commendations

G. Current Nursing Specialty Certification within the last 5 years: 10%

Year	Certifications

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

Role	Contributions



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 PNAH membership card**