



# HONORARY MEMBERSHIP NOMINATION CRITERIA



## Nomination Criteria

The nominee is a non-nurse or is a nurse registered outside of Saskatchewan.

1. The submission must include the following information:

- Completed nomination form signed by 2 nominators, by either: 2 practicing RNs or one practicing RN and a second nominator who holds a SRNA graduate nurse, non-practicing or life membership (1 page).
- A cover letter written by 1 nominator stating reasons for nominating the individual (1 page).
- Biographical information on the candidate including their education, employment, and career highlights (1-2 pages, single spaced).
- A description with examples showing the exemplary service the nominee has provided in **one of the following** criteria (1000 words or 2 pages):
  - a. The nominee's contribution to the registered nursing profession and health care.
  - b. Or the nominee's valuable assistance to registered nursing in Saskatchewan.
- Two letters of support signed by the writer (one letter must be from a practicing SRNA member) or a letter and one page of supporting information such as newspaper articles, awards, research etc (2 pages).

2. Submissions must be typed and double spaced (except for biographical information and letters).

3. **Completed submissions should be sent by February 1 to:**

SRNA Awards Selection Committee

2066 Retallack Street, Regina SK S4T 7X5

Fax: 1-306-359-0183 or email: Barb Fitz-Gerald, RN at [bfitz-gerald@srna.org](mailto:bfitz-gerald@srna.org)



# HONORARY MEMBERSHIP NOMINATION FORM



## 1. Nominee

Name \_\_\_\_\_

Phone H \_\_\_\_\_ W \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(The nominee's signature verifies that she/he agrees to the nomination and consents to their nomination information being made public at the awards banquet and ceremony and in SRNA publications).*

## 2. Nominators

1) Name \_\_\_\_\_

SRNA Registration Number \_\_\_\_\_

Phone H \_\_\_\_\_ W \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

2) Name \_\_\_\_\_

SRNA Registration Number (if applicable) \_\_\_\_\_

Phone H \_\_\_\_\_ W \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office information only:	Date received _____ Submission complete _____ One nominator contacted if submission incomplete _____
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