

## ***WOC Nurse of the Year Award Application***

**Purpose:** To recognize an outstanding Wound, Ostomy, Continence nurse from the Iowa WOCN Affiliate.

**Eligibility:** Current RN license and current member of the WOCN Society.

**Instructions:** *Save this word document to your personal files, complete the document, and then send the completed application by mail or scan & email to the WOC Nurse of the Year Committee Chair: See below*

**Due by:** August 1.

*Please complete the following information regarding the candidate. Please use additional sheets if necessary.*

<i>Name of Nominee:</i>	
<i>Current Place of Employment:</i>	
<i>Educational Background:</i>	
<i>Current Certifications:</i>	

***Describe National WOCN involvement:***

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Offices Held:

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Committee Work as chair or member:

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***Describe Iowa Affiliate Involvement:***

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Offices Held:

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Committee Work as chair or member:

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*Describe work on Special Projects related to WOC role (presentations, process improvement, quality outcomes)*

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*Other Professional Organizations they belong to:*

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*Describe other Community Activities:*

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*Please tell us why you feel this WOC Nurse should be a recipient of this award.*

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<i>Relationship to nominee:</i>	
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*Signature* \_\_\_\_\_

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**Jodie Atkinson**

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