

**Nurse Educator of the Year Award**

The Nurse Educator of the Year Award was established by the MOADN Board of Directors for the purpose of recognizing a deserving nurse educator who influences nursing practice through caring, professionalism, and excellence in classroom and clinical area.

**CRITERIA**

The applicant must:

* Teach in an accredited ADN program in the state of Mississippi.
* Hold membership in OADN as an individual member.
* Promote knowledge of the scope of practice of ADN.
* Influence nursing practice through caring, professionalism, and excellence in clinical practice.
* Demonstrate instructional excellence in the classroom and clinical area.
* Participate in professional development and community service activities.

**APPLICATON PROCESS**

To apply for the Nurse Educator of the Year Award the applicant must submit the following:

* Completed application.
* Curriculum Vita including evidence of instructional excellence and active involvement in community service and professional activities.
* Verification of OADN individual membership
* Verification of employment by the Program Dean/Director.
* Letter describing how their nursing instruction/practice influences students.
* Two letters of recommendation from colleagues and/or students addressing scope of practice of ADN and influences of nursing practice through caring, professionalism and excellence in the classroom and clinical area.

**AWARD PRESENTATION**

All nominees will be recognized at the annual convention and receive a nomination certificate. The winning recipient will receive a plaque, a one-year membership to OADN/MOADN and $250 for MOADN. **Applications are due by February 15, 2023. Submit all documents to the Awards Committee Chair:**

**NAME: Jacquelyn Brownlow**

**ADDRESS: 1303 Hummingbird Circle**

  **Greenwood, MS 38930**

**EMAIL: moadn2017@gmail.com**

**PHONE: 662-459-2563**

**MOADN**

**Nurse Educator of the Year Award**

**Application**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Initial Last

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City State Zip Code

Home Phone or Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer

* Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| City | State | Zip Code |
| --- | --- | --- |
| **Curriculum Vita is attached:** | **Yes\_\_\_\_\_\_\_** | **No\_\_\_\_\_\_\_** |
| **Applicant letter is attached:** | **Yes\_\_\_\_\_\_\_** | **No\_\_\_\_\_\_\_** |
| **Two letters of recommendation are attached:** | **Yes \_\_\_\_\_\_\_** | **No\_\_\_\_\_\_\_** |

**Applicant’s OADN membership #: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant agrees to allow information to be published via MOADN’s communication modalities:**

|  | **Yes\_\_\_\_\_\_\_** | **No\_\_\_\_\_\_\_\_** |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Signature of Applicant** |  | **Date** |
| **Applicant is employed with above ADN program:** | **Yes\_\_\_\_\_\_\_** | **No\_\_\_\_\_\_\_** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Program - Dean/Director’s Signature** |  | **Date**  |
|  |  |  |