



Montana Nurses Association

20 Old Montana State Hwy ~ Clancy, MT 59634
 Phone 406-442-6710 ~ FAX 406-442-1841

2020 APRN Pharmacology Conference

TRAILBLAZER AWARD NOMINATION FORM

NOMINEE			
Name		Work Phone	
Employer		Cell Phone	
Home Address		Email Address	
PERSON (GROUP) SUBMITTING NOMINATION			
Name		Home/Cell Phone	
Home Address		Work Phone	
<p><u>NOMINATIONS PROCEDURE</u></p> <p>1. Nominations must be submitted on this form and emailed to jennifer@mtnurses.org. Form is available on our website http://www.mtnurses.org/. If necessary, forms may be mailed to Montana Nurses Association, 20 Old Montana State Highway, Clancy, MT 59634.</p> <p><u>NOMINATION STATEMENTS</u> (submit on separate sheet if necessary)</p> <p>1. Describe nominee's activities on a national, state, district level as well as other leadership involvement in nursing profession.</p> <p>2. Describe nominee's accomplishments relevant to this award.</p>			

OFFICE USE ONLY	<input type="checkbox"/> Yes <input type="checkbox"/> No Nomination Form complete		Date Received
	<input type="checkbox"/> Yes <input type="checkbox"/> No Nominee MNA Member	ANA #	
	<input type="checkbox"/> Yes <input type="checkbox"/> No Nominator MNA Member	ANA #	
	<input type="checkbox"/> Yes <input type="checkbox"/> No Documents Included		

Award Criteria

The TRAILBLAZER AWARD is presented annually to a Montana APRN who has exhibited outstanding achievement in the delivery of care to Montana residents and has advanced the professional achievements of APRNs.

