NPWH ANNOUNCES 2012 INSPIRATIONS IN WOMEN'S HEALTH AWARD

Do you know an NP whose achievements caring for women inspire others? Think of the person you work with or know of who makes you want to do your best. Maybe you know of someone whose example in clinical practice, research, or teaching helped you or others be that much better. Pay tribute to this person by nominating her or him for the 2012 **NPWH Inspirations in Women's Health Award.**

There will be three winners; awards will be presented on October 11, 2012, at NPWH's Clinical Conference in Orlando, FL. Transportation (within the United States), hotel, and meeting costs will be provided, and a scholarship will be awarded, to three individuals who inspire us all.

To obtain more information about the awards, send an email to inspiration@npwh.org or call NPWH at 202-543-9693, ext 5.

NPWH Inspirations in Women's Health
Nomination Form

Nominee's name and credentials: _____
Licensed/recognized as a nurse practitioner in (list states):_____
Current title/specialty: _____
Affiliation(s): _____
NP education: _____
Address: _____
Phone numbers: (W) _____ (H) _____(C) _____
Email address: _____

Please explain why this NP is an inspiration to others in terms of her/his contributions to women's health, the community, co-workers, students or others. Describe what this NP has done that is innovative or beyond what is required in her/his current job position. Give as many details as possible. Please note: (1) The information you provide is the only basis upon which our judges will make a decision; (2) Nominees may help you write this section; and (3) There is a 500-word limit; attach additional pages as needed.

_____
_____
_____
_____
_____

Is this NP involved with a project that would benefit as a result of her/his recognition as a winner of the NPWH Inspirations in Women's Health Award? If so, please describe. _____
_____
_____

Nominator's name (*self-nominations are accepted*):_____
Affiliation: _____
Relationship to nominee (*Also, please describe how you know this individual and for how long):* _____
_____
Nominator's phone numbers: (W) _____ (H) _____ (C) _____
Nominator's email address: _____

If you are nominating an NP other than yourself, we encourage you to inform this person that she or he has been nominated. It is an honor to be nominated whether or not the NP becomes a finalist. It also eliminates the possibility that the nominee is unable or unwilling, for any reason, to accept the award.

☐ Check here if you wish to remain anonymous to the nominee.
☐ Check here if the nominee is aware that she/he has been nominated.

FORMS SHOULD BE RECEIVED BY AUGUST 24, 2012.
Please fax to 202.543.9858, email inspiration@npwh.org or mail to Nurse Practitioner Inspiration Award, NPWH, 505 C Street, NE, Washington, DC 20002.

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