

NPWH Inspiration in Women's Health Nomination Form

Nominee's name and credentials: _____

Nomination Category (Education, Research, Policy, Practice): _____

Licensed/recognized as a WHNP in (list states): _____

Board Certification Specialty as a WHNP, and any additional specialties:

Education (degree; example: DNP, MSN, PhD): _____

Job title (example: faculty, clinician, program director): _____

Address: _____

Phone numbers: (W) _____ (H) _____ (C) _____

Email address: _____

Please explain why this WHNP is an inspiration to others in terms of their contributions to women's health, especially in regard to clinical practice, education, policy, or research. Describe what this WHNP has done that is innovative or beyond what is required in their 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. Please attach additional pages if needed.

Is this WHNP involved with a project that would benefit as a result of their recognition as a winner of the NPWH Inspiration in Women's Health Award? If so, please describe. _____

Nominator's name (*self-nominations are accepted*): _____

Board Certification Specialty (example: WHNP, CNM, FNP): _____

Education (degree; example: DNP, MSN, PhD): _____

Job title (example: faculty, clinician, program director): _____

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 a WHNP other than yourself, we encourage you to inform this person that she or he has been nominated. Notifying the nominee of your application submission helps ensure that they are willing and able to attend the conference to accept the award. It is an honor to be nominated whether or not the WHNP becomes a finalist.

Check here if you wish to remain anonymous to the nominee.

Check here if the nominee is aware that she/he has been nominated.

**SUBMIT THIS FORM AND A COPY OF THE NOMINEE'S
CV BY JULY 29, 2019**

Please send this form via fax: 202.543.9858, email: info@npwh.org or mail:
Nurse Practitioner Inspiration Award
NPWH, 505 C Street, NE, Washington, DC 20002.