



## **2019** ITNS TRANSPLANT NURSING **EXCELLENCE AWARD NOMINATION FORM**

The International Transplant Nurses Society (ITNS) recognizes that the role of the transplant nurse is unique and dealing with patients through the transplant continuum is often complex and challenging. ITNS wishes to recognize a special nurse whose career has exemplified ITNS's mission: "...promotion of excellence in transplant clinical nursing through the provision of educational and professional growth opportunities, interdisciplinary networking, collaborative activities, and transplant nursing research." The Transplant Nursing Excellence Award is offered yearly and will be presented at the Transplant Nursing Symposium, held from Friday, 15 November to Monday, 18 November 2019 at The DoubleTree by Hilton in Orlando, FL, USA.

### **Purpose of the Award**

To recognize a nurse involved in the care of transplant patients who reflects the ITNS mission and values of education, research, and clinical excellence.

**ALL NOMINATIONS FOR THE 2019 AWARD MUST BE RECEIVED BY 30 AUGUST 2019.**



International  
**Transplant Nurses**  
Society



**The nominee must be**

- ✓ Employed in the area of transplant nursing for at least 5 years
- ✓ An RN or the international equivalent
- ✓ Currently involved in the care of the transplant recipient, donor, or donor family in the inpatient, outpatient, research, or ambulatory care setting
- ✓ An ITNS member for at least 3 years
- ✓ Able to consistently apply the values and mission of ITNS through education, research, and clinical practice.

**The nominator must be**

- ✓ A current ITNS member (RN or the international equivalent).

**How to nominate**

- ✓ Complete and submit the Nomination Form below.
- ✓ Submit a one page typed narrative describing how the nominee meets the award criteria.  
How has this nurse contributed to and impacted transplant nursing? Provide an example of this nurse's clinical excellence. Examples may include: direct patient intervention or care, community service with a transplant recipient focus, development of patient or staff education materials, participation in nursing research, or participation in transplant organization.

**NOMINATION FORM** PLEASE PRINT CLEARLY OR TYPE.

Name of person submitting the nomination\*:

\_\_\_\_\_

Return address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # : \_\_\_\_\_

E-mail : \_\_\_\_\_

Years as ITNS member: \_\_\_\_\_

Nursing Excellence Award nominee\*:

\_\_\_\_\_

*\*Both the nominator and nominee must be ITNS members to be considered for this award.*

*All narratives received by the deadline will undergo a blind review by the award committee. After determining the selection criteria has been met, the committee will choose the most qualified individual as the award recipient. The award will be presented at the Transplant Nursing Symposium.*

Please submit nomination form and typed narrative to:

Email: [info@itns.org](mailto:info@itns.org)

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