

Professional Practice and Development Award Nomination Form Enterprise Award

NOMINEE:	TITLE:	
HOSPITAL/AM	MBULATORY LOCATION:DEF	PARTMENT:
YOUR NAME:_	::TITLE:	
HOSPITAL/AM	MBULATORY LOCATION:DEF	PARTMENT:
EXTENSION/P	/PAGER:RELATIONSHIP TO NOMINEE:_	
EMAIL:		
Purpose:	The Cleveland Clinic Health System Professional Practice and Development Award is presented in recognition of Nurses that embrace life-long learning and continuous professional growth to advance the professional practice of nursing.	
Eligibility:	Any Clinical Nurse employed in the Cleveland Clinic health system (or newly acquired hospital) for at least three years.	
Process:	Any employee, physician, patient or volunteer may nominate. Recipients will be selected on the basis of evidence provided by completion of the nomination eligibility criteria.	
Award:	The award winners will be announced during Nurses' Week.	
Instructions:	Please DO NOT use the nominee's name when writing det specific examples including patient and physician commen providing specific examples or descriptions as requested. Support examples. If you require more space, attach a she	ts. Answer each question completely, When possible, provide quantitative data to

- 1. Describe how the nominee demonstrates excellence in educating patients, family, the community or colleagues.
- 2. Describe how the nominee possesses superior knowledge of nursing as perceived by students, peers and the public. (Examples: Resource in the work environment or demonstrates clinical leadership.)
- 3. Provide examples of how the nominee advances the science of nursing through clarifying, refining and/or expanding the knowledge base of nursing (i.e. research projects, projects implementing evidence based practice).
- 4. Provide a list of publications where the nominee is a writer, reviewer or editor.
- 5. Provide examples that show how the nominee is committed to increasing their own professional development and the professional development of others.