**CRITERIA MARGARET B. DOLAN AWARD NURSING SECTION**

**NORTH CAROLINA PUBLIC HEALTH ASSOCIATION**

The nominee must be a nurse with a minimum of ten (10) years experience in public health nursing and must be a member of the Nursing Section NCPHA with all dues paid for the year in which the nomination is made.

I. Commitment to quality nursing care and excellence in PHN service.

1. Describe ways the nominee has taken action to ensure that highly qualified nursing care is available to those of his/her/their community and/or state/nation. Include how concepts of comprehensiveness, continuity, appropriateness, accessibility, and acceptability are assured.
2. Describe how the nominee has increased awareness of families, groups, and communities to cope with health and illness problems.
3. Describe how the nominee has supported and supplemented the efforts of other workers or agencies in the control of disease and in the restoration and preservation of health including prioritizing community health needs.
4. Describe how the nominee has contributed to the enhancement and refinement of public health nursing practice and service.
5. Describe activities by the nominee which have made major contributions locally and/or state-wide, to influence policies and decisions for improvement of the public's health.

II. Leadership/Professionalism in providing public health nursing services to citizens of his /her/their community or state/nation.

1. Describe how the nominee has taken a lead role in mobilizing community resources into awareness and development of health services (the broadest sense of health care can be considered).
2. Describe how the nominee has gained the recognition and respect of the community and other professionals.
3. Describe how the nominee has been a contributing member in multi-disciplinary groups.
4. List memberships and offices held in professional organizations which contribute to the improvement of health in his/her/their community/state/nation.

**North Carolina Public Health Association Margaret B. Dolan Award**

**Nomination Form**

Name of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Calendar Year of Nomination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current place of Employment and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years Employed in Public Health (Dates if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

History of Employment, or Affiliation and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Individual/Agency and Telephone Number)

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The nominee must be a nurse with a minimum of ten (10) years experience in public health nursing and must be a member of the Nursing Section NCPHA with all dues paid for the year in which the nomination is made.

Application should demonstrate evidence that criteria was met and should not exceed three (3) typed pages single space. Three (3) letters of support must be attached. Additional material will not be considered. The award consists of a plaque to be presented to the winner at the annual meeting of the Nursing Section NCPHA. A plate with the recipient's name and the year will be attached to the composite plaque in the Office of Public Health Nursing. The nominator will be notified prior to the annual meeting.

**Please send all requested materials electronically to:**

**Jaimee Watts Isley, Past Chair NCPHA Nursing Section**

Email: jaimee.watts@gmail.com

**Applications must be submitted no later than July 28, 2023**.