



South Plains Great 25 Nurses

Lubbock and South Plains Region

This form should be filled out and submitted by email to SPGnurse25@gmail.com no later than June 30th. Page one is for demographic data about the nominee and nominator. The second page is a one-page letter of recommendation for the **Registered Nurse** nominee. *The nomination letter should not include the nominee's name or specific identification about the Registered Nurse (e.g., place of employment).* Nomination letters will be reviewed by a panel of judges who will not have access to the demographic data. Further instructions are on the second page.

Nominee Name:

Title:

Place of Employment:

Email:

Phone Number:

Home Address:

City:

State: Texas

Zip:

County:

Direct Supervisor Name:

Phone number:

Email:

Nominee's Primary Occupational Role {Mark one category only}

- Administration/Management/Leadership. Specify Setting:
- Community Health (Occupational health, Home Health/Hospice, School, Clinic, or Physician's Office)
- Advanced Practice Nurse {Consultant, Practitioner, CRNA, CMW, Clinical Specialist}
- Patient Care RN
- Educator (Acute Care, Community/Agency, Higher Education, Clinic)
- Other (Retired, Entrepreneur, etc.) Specify Role:

Nominator Name:

Title:

Place of Employment:

Email:

Home Address:

City:

State: Texas

Zip:

County:

Cell Phone:

Work Phone:

DO NOT include the nominee's name or specific identification about the RN (e.g., place of employment). The letter of recommendation **MUST** be limited to **ONE** page and address each of the following categories:

Role Model	
Leadership Qualities	
Service to the Community	
Compassionate Caregiver	
Significant Contributions	