



South Plains
Great 25 Nurses

Lubbock and South Plains Region

This form should be filled out and submitted by email to 25.spgn@gmail.com no later than June 15th. 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:

Home Phone:

Home Address:

City:

State: Texas

Zip:

County:

Direct Supervisor Name and phone number:

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)
- Clinical
- 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:

Home 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	



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Significant Contributions	
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