



**EXCELLENCE IN PRACTICE AWARD
NOMINATION FORM**

Please forward the completed Nomination Form to:

College of Licensed Practical Nurses of Nova Scotia,
Suite 1212 Cogswell Tower, 2000 Barrington Street,
Halifax, Nova Scotia B3J 3K1.

The committee prefers a typed nomination form but will accept a clearly printed document. The nomination form can be submitted via email to info@clpnns.ca Deadline for Submission: February 28th

Name of Nominee: _____ Phone Number: _____

Address: _____

The following criteria is used to select the successful Licensed Practical Nurse.

- Demonstrates exemplary care and compassion in relation to patient care.
- Demonstrates outstanding clinical practice within their nursing role.
- Demonstrates professionalism in their professional and personal life.
- Demonstrates leadership within the profession of nursing.
- Demonstrates collaboration and partnership within the health care team.
- Demonstrates a strong commitment to advancing the role of licensed practical nurses.
- Demonstrates a strong role model for the professions.
- Demonstrates interpersonal exemplary communication skills.

Name of Nominator: _____ Phone Number: _____

Address: _____

E-mail Address: _____

Mission:

In the interest of the public, the College of Licensed Practical Nurses of Nova Scotia regulates the practice of Licensed Practical Nurses in the province.

Vision:

A dynamically regulated profession committed to excellence.

The following questions will assist the committee during the selection process. If additional space required attach a separate page.

Describe how you feel this LPN demonstrates outstanding care to their clients and families.

Describe this LPN's relationship with their colleagues and other members of the health care team.

Describe a situation where you have observed this LPN demonstrating leadership in their role.

Describe a situation where you have observed this LPN demonstrating professionalism in their role.
