



In collaboration with  
Panhandle Organization of Nurse Executives  
Presents



Thank you for nominating an extraordinary nurse for the Panhandle Great 25 Nurses Program.  
**THE DEADLINE FOR COMPLETED NOMINATIONS is August 31 BY 11:59 P.M.**

Please return the completed nomination form to Laura Reyher, MSN, RN at  
[LReyher@wtamu.edu](mailto:LReyher@wtamu.edu)

Late or incomplete applications will not be considered.

**Important information before beginning the Nomination Form:**

1. Registered Nurses (RNs) with at least **five years of practice in the Texas Panhandle** are eligible for nomination. Healthcare colleagues, peers, supervisors, family and friends may nominate a Registered Nurse from any field in the nursing profession.
2. The **Nominator should interview the RN** to ensure that all criteria have been met and worthy of this prestigious recognition.
3. A complete and well-written nomination must include **specific examples and/or story narratives** about how the Registered Nurse exemplifies the following criteria:
  - **LEADERSHIP QUALITIES**
  - **SERVICE TO THE COMMUNITY**
  - **COMPASSIONATE CAREGIVER**
  - **SIGNIFICANT PROFESSIONAL CONTRIBUTIONS**
4. It is very important for the application to be written **without identifying information in the narrative sections** (e.g. name, place of employment) by referring to the nominee as '**the Nurse**'. Nominations will be reviewed by a panel of judges who will not have access to the demographic data.
6. **Only 1 nominee per nominator** will be considered. If there are multiple nominees by 1 nominator, the nominees will be removed from consideration.

Thank you for nominating a worthy RN for the Panhandle Great 25 Nurses!

For further information about the Awards Ceremony, sponsorship opportunities, and to purchase individual tickets for the event, please visit the Texas Nurses Association event website:  
[www.panhandlegreat25.com](http://www.panhandlegreat25.com)

**Nominee's Information**

1. Nominee's Name and Credentials: \_\_\_\_\_

2. Nominee's Place of Employment and Job

Title: \_\_\_\_\_

\_\_\_\_\_

3. Year of RN License: \_\_\_\_\_

4. School(s) of Nursing and Degrees: \_\_\_\_\_

5. Nominee's Email Address: \_\_\_\_\_

6. Nominee's Primary Phone: \_\_\_\_\_

7. Nominee's Home Address: \_\_\_\_\_

8. Nominee's Primary Occupational Role (Mark one category only)

- a) Administration/Management/Leadership
- b) Advanced Practice Nurse (Practitioner, CRNA, CMW, Clinical Specialist, Consultant)
- c) Clinical Patient Care Setting
- d) Community Health (Occupational Health, Public Health, Home Health/Hospice, School, Clinic)
- e) Educator (Acute Care, Community/Agency, Higher Education, Clinic)
- f) Other (Retired, Entrepreneur, Consultant)

9. List all professional organizations that the Nominee is a member:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Nominator’s Information**

- 1. Nominator’s Name: \_\_\_\_\_
  
- 2. Nominator’s Place of Employment and Title:  
\_\_\_\_\_  
\_\_\_\_\_
  
- 3. Nominator’s Email Address: \_\_\_\_\_
  
- 4. Nominator’s Primary Phone: \_\_\_\_\_
  
- 5. Nominator’s relationship to Nominee:
  - a) Peer
  
  - b) Subordinate
  
  - c) Supervisor
  
  - d) Family (Please specify): \_\_\_\_\_
  
  - e) Other (Please specify): \_\_\_\_\_

**Examples and/or Story Narratives**

- 1. Please describe and give a specific example/story of how this Nominee demonstrates **LEADERSHIP QUALITIES**:

(As a reminder, nominations will be reviewed by a panel of judges who will not have access to the demographic data. We ask that you refer to the Nominee as “**the Nurse**”.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2. Please describe and give a specific example/story of how this Nominee demonstrates **SERVICE TO THE COMMUNITY** which can include volunteering in the community and/or work-related service within their employment – committees, task force, etc.:

(As a reminder, nominations will be reviewed by a panel of judges who will not have access to the demographic data. We ask that you refer to the Nominee as “**the Nurse**”.)

---

---

---

---

---

---

- 3. Please describe and give a specific example/story of how this Nominee demonstrates being a **COMPASSIONATE CAREGIVER**:

(As a reminder, nominations will be reviewed by a panel of judges who will not have access to the demographic data. We ask that you refer to the Nominee as “**the Nurse**”.)

---

---

---

---

---

---

- 4. Please describe and give a specific example/story of how this Nominee has made a **SIGNIFICANT CONTRIBUTION TO THE PROFESSION** which has made them a Great Nurse:

(As a reminder, nominations will be reviewed by a panel of judges who will not have access to the demographic data. We ask that you refer to the Nominee as “**the Nurse**”.)

---

---

---

---

---

---

Thank you for nominating a worthy Nurse for consideration as one of the Panhandle Great 25 Nurses! The comments and information you provide may be used in marketing, promotional materials, or with local media as requested.



In collaboration with  
Panhandle Organization of Nurse Executives  
Presents

**25** Panhandle  
Great Nurses