



Sigma Theta Tau International Honor Society of Nursing®

The Friend of Nursing Award is conferred by Honor Society of Nursing, Sigma Theta Tau International (STTI) chapters to recognize individuals and organizations that are ineligible for regular membership but have impacted the chapter, the local nursing or health care community, and/or the health of people in a significant way.

Criteria:

Nominees for the Friend of Nursing Award must:

- ♦ Demonstrate a commitment to the ideals and purposes of Sigma Theta Tau International.
- ♦ Demonstrate superior achievement and leadership in their field of work.
- ♦ Contribute to the long-term significance of the chapter, the nursing profession, and/or the health of people within a local or regional area.

Nominators:

Chapters should encourage all chapter members to submit nominations. (Nominations can be accepted only from chapter members.)

Examples of individuals and organizations that may be nominated (not an inclusive list):

- ♦ A printer that produces the chapter's newsletter consistently and with a high level of excellence
- ♦ A person who produces and/or maintains the chapter's website.
- ♦ A local business that consistently sponsors the chapter or donates time, money, resources, or services for chapter events.
- ♦ A member of a nursing school's support staff who consistently exceeds the expectations required of his or her job.
- ♦ Non-nursing instructors who have taken additional steps to help teach nursing students at their university
- ♦ Individuals who have made significant contributions to nursing or to advance the nursing profession or the health of people on a local or regional level.

Nomination Form:

The nomination form below can be *used internally for chapters*. Please be sure to provide a deadline date and chapter contact to whom forms should be returned and from whom additional information can be obtained.

Certificate/Award:

STTI headquarters will provide customized certificates for chapters. A certificate and a hardcover presentation folder is US \$12.50. Please submit a Certificate Request Form and allow two weeks for delivery.



Sigma Theta Tau International Honor Society of Nursing®

(Name) Chapter Friend of Nursing Award

Nomination Form

Deadline: (Specify date.)

Nominees for the Friend of Nursing Award must:

- ◆ Demonstrate a commitment to the ideals and purposes of Sigma Theta Tau International.
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Name of Nominee: _____
(If organization, please provide full name.)

Mailing Address: _____

Phone Number: _____ Email Address: _____

Additional submission requirements:

- ◆ One- to two-page letter from nominator specifying how the nominee meets criteria
- ◆ Two additional letters of recommendation (from individuals or groups other than the nominator)

Nomination Submitted By:

Name: _____

Full Mailing Address: _____

Phone Number: _____ Email Address: _____

Send complete entry forms to:
(Specify chapter contact's name and mailing address.)

If you have any questions about the application or criteria, please contact (name of chapter contact) at
(phone number) or (email address).