



Community Service Award Guidelines

The Community Service award has been created to recognize the contributions of an individual nurse, both professionally and/or voluntarily, for *continuous* service activities performed based on the needs of the community. Services can be community based, outreach or on-campus activities, including department and/or unit that impact a healthcare outcome.

Nomination Requirements:

1. Nomination must be from another registered nurse.
2. The project or contribution must have occurred within the past 12 months.
3. No disciplinary action/s within the past 12 months.
4. Manager or Advanced Practice Partner (APP) signature of endorsement and nomination criteria (email confirmation acceptable).

Nominator's Application Process:

1. Fill out the application form in its entirety, (online preferred and submit to the centerfornursingexcellence@uams.edu), relating to the nurse you are nominating; nominee's name, unit, and title.
2. The person submitting the nomination must sign and print their name including their title, SAP number and submitted date on the bottom of the form.
3. The nomination questions are to be completed by the nominator; there may be some questions the nominator will need to discuss with the nominee in order to gather additional information.
4. The nominator may request, from the nominee, evidence of the community service project to submit along with the application to validate impact r/t healthcare outcome. This could include photos, flyers, and/or newspaper entries the nominee may already have available.
5. The nominator will submit the completed application form, along with all evidence (if applicable) to support the nomination, to the Center for Nursing Excellence (CNE) on the 8th floor, Central building, Room 8031. Deadline to receive all information is **Monday March 13th**.
6. Nominees that meet the criteria will be acknowledged as well as selected winner during annual Nurses Week activities.



Community Service Award Nomination Form

Nominee's Name: _____

Title: _____ **Unit:** _____

Nomination Questions

1. What was the purpose of this project, length of time contributed and the community served?
2. Describe how the nominee's efforts went beyond their customary work duties or exemplary continuous volunteer efforts, i.e. what makes the nominee stand out?
3. Were there any unique challenges or obstacles to performing this community activity?
4. What were the specific contributions that resulted in a benefit(s) to the community, including the number of individuals serviced?
5. What were the specific/measurable healthcare outcomes of what you accomplished?
6. Is there anything else we should know about this nominee?

Nominator's Signature (Please print and sign): _____

SAP: _____ **Title:** _____ **Date:** _____

Manager or Advanced Practice Partner Signature (Please print and sign):

SAP: _____ **Title:** _____ **Date:** _____