

## **SOUTH CENTRAL REGION ROOKIE WOC NURSE OF THE YEAR AWARD**

The South Central Region of the WOCN invites nominations for the award of Rookie WOC Nurse of the Year. The recipient of this award will be honored at the next Annual SCR Conference.

### **PRE-REQUISITES**

1. Nominee must be an active member in good standing with the South Central Region.
2. Nominee must have graduated from an accredited WOCNEP within the last year.
3. Nominee should be Board certified by the WOCNCB or have applied to take the certification exam.

### **CRITERIA – NOMINEE MUST MEET AT LEAST 80% OF CRITERIA LISTED**

1. Demonstrates increasing expertise in current scope of practice for WOC Nursing.
2. Continues education by learning new procedures, theories, treatment modalities utilizing the nursing process, etc, through attendance at educational offerings, by working with other health care professionals (PT, CWS, MD).
3. Demonstrates the ability to share professional skills with peers and paraprofessionals.
4. Actively participates in organizations to promote WOC nursing (i.e. community groups, other nursing specialties, regional and national committees).
5. Demonstrates interest in precepting and supporting WOC nurses in their roles, and or has begun to precept WOC students, nursing students and/or new staff in the area of WOC nursing. Encourages other nurses to become WOC nurse or associate members of WOCN.

The selection committee is not apprised of the names of the candidates or agency affiliation until the process is complete. The Public Relations Committee is comprised of WOC nurses from a cross section of the member areas. . Nominations are accepted from colleagues, employer's patients and self.

If ballot received after the deadline, the ballot will not be considered. Public Relations will notify applicant of this decision.

**NOMINATION FOR THE  
SOUTH CENTRAL REGION  
ROOKIE OF THE YEAR AWARD**

**NOMINEE NAME** \_\_\_\_\_

**HOMEADDRESS** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_

**POSITION** \_\_\_\_\_

**EDUCATION/BACKGROUND** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUBMITTED BY:**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

**NOMINATION SCR  
ROOKIE OF THE YEAR AWARD**

**Briefly describe nominee qualifications for the award and provide examples of the criteria:**

**1. Demonstrates qualities that make this WOC nurse Rookie of the Year:**

- a. Clinical practice**
- b. Nursing Process**
- c. Education**
- d. Research**
- e. New technology**

**2. Demonstrates/shares with peers and other health professionals:**

**Comments:**

***Please print this form. Fill out manually. Scan and email to PR, or mail to the Public Relations/Awards chair. To fill out on your computer select the Word version in the previous forms/applications menu.***

**Public Relations/Awards Chair:**

[PR@SCRWOCN.org](mailto:PR@SCRWOCN.org) – For current address for PR, please see listing at <http://scrwocn.org/about.htm>