

SOUTH CENTRAL REGION VENDOR OF THE YEAR AWARD

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

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

1. Nominee is a vendor who serves the WOC nurses within the South Central Region.
2. Demonstrates that he/she is knowledgeable in areas of wound, ostomy and continence
3. Demonstrates expertise in their product line, and associated areas (supply, materials management, discharge process and support, insurance issues related to patient care)
4. Supports the SCR and the WOCN, is a member of the WOCN.
5. Has made significant contributions in the following areas:
 - a. Education of WOC nurses, patients and/or physicians.
 - b. Supported research initiatives by WOC nurses in the SCR.
 - c. Provided educational offering in the area of WOC specialty to the public and to medical professionals.
 - d. Supported community initiatives such as UOAA, Youth Rally, ACS, specialty camps, etc.
 - e. Works with local, regional and national DMERC's to ensure that patients can receive their needed medical equipment.

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
VENDOR 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
VENDOR OF THE YEAR AWARD**

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

- 1. Demonstrates excellence as a vendor**
 - a. Activities that support nomination**
 - b. Educational offering(s) provided**
 - c. Community interaction by vendor**
 - d. WOC support initiatives**
 - e. Membership in WOCN**
 - f. Attendance at conferences**
 - g. Support of WOCNEP program/students**

- 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 – For current address for PR, please see listing at <http://scrwocn.org/about.htm>