

Christiane Reimann Prize Nomination

PART II: GENERAL INFORMATION ABOUT THE NOMINEE

A. Nominee's Personal Data

Name: _____
(Family Name) *(Given name)*

Date of Birth: _____
(Month/Day/Year)

Home Address: _____
(No.) *(Street)*

_____ *(City)* _____ *(State/Province/County)*

_____ *(Post Code)* _____ *(Country)*

Home Phone: _____ Home Fax: _____
(Country Code/Area Code/Number) *(Country Code/Area Code/Number)*

Home Email: _____

B. Nominee's Employment

Name of Organisation: _____

Position: _____

Address: _____
(No.) *(Street)*

_____ *(City)* _____ *(State/Province/County)*

_____ *(Post Code)* _____ *(Country)*

Home Phone: _____ Home Fax: _____
(Country Code/Area Code/Number) *(Country Code/Area Code/Number)*

Business Phone: _____ Business Fax: _____
(Country Code/Area Code/Number) *(Country Code/Area Code/Number)*

Business Email: _____

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PART III: SPONSOR STATEMENT

To be completed by the individual or organisation making the nomination

Name: _____
(individual or organisation making the nomination)

Sponsor's statement:

Please include only the most important aspects of the nominee's work. Describe briefly and state **the significant international impact** of this work within or for the nursing profession (e.g. innovation or pioneering work; effective research outcomes; development of specialised programmes). This contribution must have been made in recent years or must represent a cumulative effort continuing to the present time.

Name of the Nominee(s) *(in capital letters)*:

Signature of individual sponsor or authorised representative of organisational sponsor **(must be same person as signed Part I)**:

Signature

Date

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PART IV: NOMINEE STATEMENT

Significant contribution at national/regional/international level

State in full detail the significant contribution with international impact you have made, within the nursing profession and/or for the development of the nursing profession, through direct care, research, education or management. The contribution must have been made during the years immediately before the award or represent a cumulative effort that continues to the present time.

Statements from group nominees must show collaboration on the same project at the same time.

Name of the Nominee(s) in capital letters (*up to 3 names for a group nomination*):

*(Use **one** additional page if needed)*

I/We hereby consent to have my/our nomination submitted for the Christiane Reimann Prize.

Signature

Date

Signature

Date

Signature

Date

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PART V: STATEMENT BY NNA

Certificate to be completed by the **American Nurses Association**, the US member with ICN. ****Must be returned to ANA by 17 September 2008 for Membership Verification.**

(Note: ANA may nominate/sponsor **only one** nominee (or one group nominee). However, ANA must *certify any* nominee's membership in the ANA and forward to ICN **as many nominations as are presented to them** from whatever source.)

Name of the Association in membership with ICN:

American Nurses Association

Address of NNA: 8515 _____ Georgia Avenue, Suite 400 _____
(No.) (Street)

Silver Spring _____ Maryland _____
(City) (State/Province/County)

20910 _____ United States of America _____
(Post Code) (Country)

We hereby certify that _____
(name of nominee)

is a Registered (first level) Nurse and **a current member of our association.**

Signature of the President, Executive Director, or other duly authorised representative of the NNA:

Signature Date

Rebecca M. Patton MSN, RN, CNOR _____ President _____
(Typed name) (Typed title)

All parts of these forms must be completed in full, signed where indicated,
and returned to ICN **to arrive no later than 30 September 2008.**

International Council of Nurses
3 Place Jean Marteau
1201 Geneva
Switzerland