



ORNAA Promising Star Award Nomination Form

Criteria Information

Award description:

This award is to be presented to an Alberta Operating Room Registered Nurse who is currently working in a surgical suite and who has **less than two years experience in this role**. The nominee exceeds the expectations of their employers and/or colleagues and shows promise as an exceptional member of the Perioperative Registered Nursing profession.

Guidelines:

- This award is administered by the ORNAA Awards Committee (given only if there is a suitable candidate).
- One award will be presented per district, per year, if there is a suitable candidate.
- The Promising Star Award will include a one-year membership to their local ORNAA district and an "ORNAA PROMISING STAR" pin representing the award. One-year membership will be paid by the nominee's local district.
- Each successful nominee will be highlighted in an issue of Snips and Snaps during the next year. The highlights will be a summary from the nomination form and letters and will include a picture of the nominee (if available).
- A member of the ORNAA Board will make the award presentation at the annual ORNAA conference.

Eligibility:

- The nominee must be currently working, as a registered nurse, in a surgical suite and have less than two years experience in this role. The nominee does not have to be an ORNAA member.
- An ORNAA Promising Star Award nomination form must be completed.
- As per the nomination form, **the nominee must be nominated by a Registered Perioperative Nurse with an active ORNAA membership who writes a supporting letter that demonstrates how the nominee fulfills the criteria of the award.**
- Forward complete nominations to ORNAA Awards chairperson.
- Contact education@ornaa.org for questions or to obtain mailing address of ORNAA awards chairperson.
- Nominations must be received by September 1st.

Nominee Information

Full Name:

Last

First

Address:

Street Address

City

Province

Postal Code

Home Phone:

Alternate Phone:

Email:

Place of
Employment:

Length of time
working as a
perioperative
Nurse:

Nominator Information

Full Name:

Date:

Address:

Street Address

City

Province

Postal Code

Home Phone:

Alternate Phone:

Email:

Relationship to
Nominee:

Place of
Employment:

ORNAA District:

For Office Use

District Process:

Reviewed (Date): _____

Nominator Member status (Circle): **Y** or **N**

Completed Nomination Form (Circle): **Y** or **N**

Supporting Letter from Nominator demonstrating how the nominee meets the criteria of the award (Circle): **Y** or **N**

Forwarded Completed Nomination to ORNAA Education Director (education@ornaa.org): Date: _____

ORNAA Process:

Application Received: _____

Application Approved (Circle): **Y** or **N**

Nominee Contacted (Circle): **Y** or **N**

Pin & Certificate (Circle): **Y** or **N**

District Contacted about membership (Circle): **Y** or **N**

Information & Picture of Nominee for Snips & Snaps (Circle): **Y** or **N**