



## **MISSOURI ASSOCIATION OF SCHOOL NURSES SCHOOL NURSE ADMINISTRATOR OF THE YEAR (SNAY)**

### **Description:**

An award to publicly recognize school nurse administrators statewide by annually honoring one administrator who administers and coordinates quality school nursing services and health programs. This nurse will be nominated to represent Missouri in the NASN SNAY award.

### **Eligibility:**

Please check criteria below:

- ☐ Only one nominee permitted from each MASN district
- ☐ Be a registered professional nurse
- ☐ Bachelor's degree or higher
- ☐ Be a member of MASN for the current year and the preceding four years.
- ☐ Be a member of NASN for the current year and the preceding four years.
- ☐ Nominee must have completed five years' experience in school health, currently practice full-time and have as his/her main responsibility the supervision, administration, and coordination of school nursing service and health programs.
- ☐ Nominee must not be on the NASN Board of Directors or an officer of NASN at the time of nomination.

### **Procedure for Submission of Application:**

All of the following documents (in pdf format) must be submitted to the awards chair electronically by January 15th.

1. MASN SNAY nomination form signed by the district president.
2. Letter from district organization stating support and rationale for nomination signed by district president.
3. Curriculum vitae signed by the nominee.
4. Narrative demonstrating evidence of excellence in school nursing practice using *Scope and Standards of Professional School Nursing Practice* (current edition, National Association of School Nurses and American Nurses Association). Narrative must be signed by the nominee.

5. Supporting letters of recommendations
  - a. Maximum of six letters, each limited to one page, no reductions permitted.
  - b. Letters may be from supervised school nurses, principals, supervisors, teachers, parents, students and others.
  - c. Letters should describe specific issues or topics related to the nominee's qualifications for the award. Use *Scope and Standards of Professional School Nursing Practice* (current edition, National Association of School Nurses and American Nurses Association) as a reference.
  - d. Letters should directly reflect areas of rating that writer wishes to emphasize.
  - e. Local and state acronyms should be spelled out when used for the first time.
6. One digital photo (at least 300 dpi/inch) which will not be provided to reviewers or judges but kept by the Awards Committee chair/s and will be used to recognize (honor) MASN SNOY. The photograph must be formatted as a .jpg and should be no larger than 1 MB in size. No photos should be used in the application.
7. The total number of pages should not exceed 20 pages.



## MISSOURI ASSOCIATION OF SCHOOL NURSES SCHOOL NURSE ADMINISTRATOR OF THE YEAR (SNAY) NOMINATION FORM

Name of Nominee \_\_\_\_\_

Nominee's Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Number of years as an administrator \_\_\_\_\_

Number of years in school nursing \_\_\_\_\_

Grade levels supervised in current position \_\_\_\_\_

Number of nurses supervised \_\_\_\_\_

Is position full time (by eligibility guidelines) Yes \_\_\_\_\_ No \_\_\_\_\_

Provides direct nursing care in practice Yes \_\_\_\_\_ No \_\_\_\_\_

Is the nominee a registered nurse Yes \_\_\_\_\_ No \_\_\_\_\_

Does the nominee have a BSN Yes \_\_\_\_\_ No \_\_\_\_\_

Is s/he a member of the MASN for current year and preceding four years Yes \_\_\_\_\_ No \_\_\_\_\_

Is s/he a member of the NASN for current year and preceding four years Yes \_\_\_\_\_ No \_\_\_\_\_

	Name	email address	Mailing Address
<b>Nominator</b>			
<b>Nominee's District/ President's name</b>			
<b>Letter of support from</b>			
<b>Letter of support from</b>			
<b>Letter of support from</b>			

<b>Nominee's School District</b>			
<b>Nominee's Superintendent</b>			

District President Signature\_\_\_\_\_

Date nomination submitted \_\_\_\_\_

Date nomination received \_\_\_\_\_

Date nomination reviewed \_\_\_\_\_