

## 2021 Division of Nursing Services Nurse of the Month Nomination Instructions

The Division of Nursing Services' "Nurse of the Month" recognition program for all nurses across the IHS, tribal, and urban Indian organization health system will highlight the incredible nurses, including registered nurses, advanced practice nurses, LPNs, and others, across the agency who are committed to providing quality healthcare through nursing.

The "Nurse of the Month" recognition program will feature an individual each month who has been nominated and will be celebrated as the "Nurse of the Month" on various IHS digital platforms. This program will build recognition and visibility each month for nursing contributions throughout the year. The IHS Division of Nursing Services invites you to submit your nomination using the instructions listed below.

- **Purpose:**

- To acknowledge and honor Nurses across the Indian health system who have demonstrated distinguished practice in nursing, exceptional compassion, commitment to patients, colleagues, and the profession of nursing which resulted in noteworthy clinical or administrative accomplishments that contributed to the improved image and practice of nursing.

- **Criteria:**

- Nominee status: Nurses employed within the Indian Health Service, tribal sites and urban clinics
- Recipients will be selected once per month beginning June 2021
- Nurses must be actively involved in any nursing specialty or nursing role
- Time frame covers the past calendar year
- Nomination must include one of the following criteria:
  - Major achievement(s) in the nominee's primary clinical or administrative nursing specialty or role
  - Contributions to the enhancement of the nursing profession through innovation, facilitation of change, and/or the use of evidence-based practice.
- NOTE: All nominations must be submitted in narrative format in either unlocked WORD or ADOBE PDF file format. *The nomination is limited to one page.* Nominations received in excess of one page will be returned.
- Nomination packages will include:
  - Nomination
  - Signed by immediate supervisor and the CEO of the facility
  - A high quality photo of the nominee in JPEG file format
- Nomination must be submitted to the IHS Division of Nursing at [HQOCPSNurseoftheMonth@ihs.gov](mailto:HQOCPSNurseoftheMonth@ihs.gov) by the 15<sup>th</sup> of every month to be considered for the following month's selection process
- Please place the following in the subject line of the email: *IHS Nurse of the Month Nomination*
- A panel comprised of DNS staff will review all complete nomination packages, select the recipient and make an announcement via email

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• **Recommendations:**

- Nominations will be reviewed by IHS DNS staff. Acronyms and job positions should be clearly explained so all can understand scope and responsibilities.
- Include measurable contributions rather than generic phrases such as “spent countless hours” or “brilliant leader”.
- Leadership bullets should capture the breadth of position held, e.g., number supervised, level of leadership, or acts demonstrating leadership traits.
- Please do not cut and paste bullets from evaluations; these usually do not tell the whole story about a nominee and the contributions; instead, provide a narrative of the distinguished nursing practice.

**Nomination Form (June 2021 – Dec 2021)**

Full Name of Nominee: \_\_\_\_\_

Position: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Nursing Specialty or Role: \_\_\_\_\_

Month Nominated \_\_\_\_\_

Name of Nominator: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Major achievements in the nominee’s primary clinical or administrative nursing specialty/role and/or contributions to the enhancement of the profession of nursing through innovation, facilitation of change, or the use of evidence-based practice (narrative not to exceed 1-page):

\*\*\*\*SAMPLE of concurrence from supervisor and CEO\*\*\*\*

I am pleased to nominate (NAME) for the DNS IHS headquarters Nurse of the Month. (NAME) is fully compliant with all requirements of federal service employees. There are no adverse or disciplinary actions pending against this individual.

(NAME) is a superb nurse and leader. Please feel free to contact me for further information or questions at (XXX) XXX-XXXX or email at XXXXX.

Immediate Supervisor’s Signature: \_\_\_\_\_

CEO of Facility: \_\_\_\_\_