



# NBNA Awards Application Form

Please review this application form carefully before submitting.  
For further information, contact the National Black Nurses Association  
at 301.589.3200 or [admin@nbna.org](mailto:admin@nbna.org).

Please check the Award(s) for which you are applying.

- Administrative Nurse of the Year Award
- Advance Practice Nurse of the Year Award
- Nurse Educator of the Year Award
- Nurse Entrepreneur of the Year Award
- Nurse of the Year for cCommunity Service Award
- Nurse Researcher of the Year Award
- Staff Nurse of the Year Award
- Student Nurse of the Year Award
- Uniformed Services Nurse of the Year Award

Date \_\_\_\_\_

Nominee for the Award of \_\_\_\_\_

Credentials (i.e., BSN, RN; MSN, BC, FAANP; PhD, RN, FAAN) \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (Home/Cell) \_\_\_\_\_ (Business) \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**CURRENT NBNA MEMBER ID#:** \_\_\_\_\_

**NURSING LICENSE#:** \_\_\_\_\_ **STATE** \_\_\_\_\_

**CERTIFICATION:** Yes \_\_\_ No \_\_\_ Organization \_\_\_\_\_

### EDUCATIONAL PREPARATION

Basic Nursing Program: \_\_\_\_\_ Class of: \_\_\_\_\_

NLN Approved: Yes \_\_\_ No \_\_\_

**ADDITIONAL PROFESSIONAL EDUCATION**  
(Include current enrollment)

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Student: Yes \_\_\_\_\_ No \_\_\_\_\_ GPA \_\_\_\_\_ (subject to verification)

School \_\_\_\_\_

**EMPLOYMENT**

List positions held for the last ten (10) years and the length of time. List your present position first.  
**Please provide a resume or curriculum vitae and a one page biographical sketch.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**NBNA ACTIVITIES, NATIONAL AND/ OR LOCAL BLACK NURSES ASSOCIATION**

List offices and committees of the National and Local Level in the last ten (10) years. Give dates.

**National**

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**Present Local/Chapter Office Held**

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**Local Activities**

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CONSENT/WILLINGNESS TO PUBLISH PHOTOGRAPH IN NBNA PUBLICATIONS AND/OR NBNA WEBSITE:

\_\_\_\_\_  
(Signature) (Date)

RECOMMENDED BY \_\_\_\_\_

SELF \_\_\_\_\_ CHAPTER \_\_\_\_\_

OTHER \_\_\_\_\_

EMAIL APPLICATION. SUPPORTING MATERIALS AND PHOTO TO [admin@nbna.org](mailto:admin@nbna.org).  
Please place "NBNA AWARDS COMMITTEE" in the subject line.

**Deadline:** The Application must be postmarked by **Monday, April 13**.  
In order for your application to be reviewed and considered for an award, all instructions must be followed, and all materials included..

Please review this application form carefully before submitting  
by email: [admin@nbna.org](mailto:admin@nbna.org) or by fax: 301.589.3223.